

P02000115742

Requester's Name



Ruthy Navarro
14346 SW 49th Ln.
Miami, FL 33175-5040

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 OCT 28 AM 7:58

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)

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NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

F. CHESLER OCT 29

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

F. CHESLER

OCT 29

30204

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

October 21, 2002

RUTH NAVARRO
14346 SW 49 LANE
MIAMI, FL 33175-5040 US

10/28

SUBJECT: QUALITY INSURANCE SERVICES, INC.
Ref. Number: W02000030204

We have received your document for QUALITY INSURANCE SERVICES, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6904.

Freida Chesser
Corporate Specialist
New Filings Section

Letter Number: 502A00058148

ARTICLES OF INCORPORATION
OF
QUALITY INSURANCE SOLUTIONS, INC.

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
02 OCT 28 AM 11:58

WE, the undersigned, hereby associate ourselves together for the purpose of organizing a corporation under the Laws of the State of Florida, providing for the formation for profit, with the powers, rights, privileges and immunities hereinafter mentioned, and we make, subscribe and acknowledge, and file with the Secretary of State for the State of Florida, this Certificate of Incorporation, and to that end we do, by these Articles, set forth:

ARTICLE I

The name of this corporation shall be:

QUALITY INSURANCE SOLUTIONS, INC.

ARTICLE II

The general nature of the business to be transacted by this corporation shall be:

(a) to engage in any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE III

The capital stock of this corporation shall be composed of One Hundred (100) shares of \$1. par value, payable in lawful money of the United States of America, or in property, labor or services, at a just valuation to be fixed by the directors of the corporation at the organization meeting had after the granting of the Charter herein

applied for. The capital stock shall be sold, assigned, issued and transferred only in accordance with such By-Laws as the corporation may, from time to time, make, change or alter and shall be fully paid for at the time of issue, and non-assessable.

ARTICLE IV

Amount of Capital Stock Paid In

The amount of capital stock with which the corporation shall begin business shall not be less than the sum of ONE HUNDRED (\$100.00) DOLLARS.

ARTICLE V

Term of Existence

The term of existence of this corporation shall be perpetual.

ARTICLE VI

The principal office and place of business of this corporation shall be 14346 SW 49th Lane, Miami, Florida 33175, with the privilege of establishing other offices and places of business throughout the State of Florida and in any of the several states, territories, possessions and dependencies of the United States of America, the District of Columbia and in foreign countries, as may be designated by vote of the stockholders.

The registered office of Quality Insurance Solutions, Inc., shall be 14346 SW 49th Lane, Miami, Florida 33175, and the registered agent is Ruth Navarro, whose address is 14346 SW 49th Lane, Miami, Florida 33175.

ARTICLE VII

The number of directors of the corporation shall not be less than one (1) nor more than ten (10).

ARTICLE VIII

The name and post office address of the director who, subject to the by-laws, shall hold office until his successor is elected and has qualified, is as follows:

RUTH NAVARRO 14346 SW 49TH LANE MIAMI, FLORIDA 33175

ARTICLE IX

Name and Post Office Address of Subscribers

The name and post office address of each subscriber of this Certificate of Incorporation, and the number of shares of stock each agrees to take, are as follows:

RUTH NAVARRO 14346 SW 49TH LANE 100 SHARES - \$100.00
MIAMI, FLORIDA 33175

ARTICLE X

The following named persons shall be the officers of this corporation for the first year of its existence or until their successors are elected and have qualified:

RUTH NAVARRO PRESIDENT

ARTICLE XI

The business of this corporation shall be conducted by its Board of Directors, the member of which shall be chosen at the annual meeting of the stockholders, and the following officers to-wit: a President, Secretary, Treasurer, together with such other officers agents and/or factors as may be deemed necessary. Any and all of such officers

may or may not be stockholders, and each shall hold office until his successor is chosen and duly qualified. All officers, agents and/or factors may or may not be directors of the corporation, except for the President, who must be a director. Any person may hold two offices provided, however, that the President shall not also be the Secretary or Assistance Secretary of this corporation.

IN WITNESS WHEREOF, I have made, subscribed and acknowledged this
Certificate this 24TH day of OCTOBER 2002.

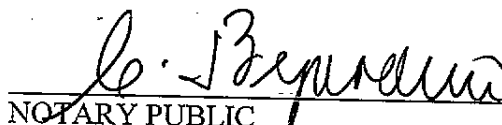


RUTH NAVARRO

STATE OF FLORIDA)
) SS
COUNTY OF DADE)

ON THIS DAY, personally appeared before me, a Notary Public of the State of Florida at Large, RUTH NAVARRO, to me well known and by me known to be the person described in and who signed the foregoing Certificate of Incorporation, and they severally acknowledged to and before me that they signed the same freely and voluntarily and for the uses and purposes therein expressed.

WITNESS my hand and official seal at Miami, Florida this 24TH day
of OCTOBER 2002.



NOTARY PUBLIC
State of Florida at Large

My commission expires:

5-4-06



Carmen Bejarano
My Commission DD100914
Expires May 04, 2006

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAYBE SERVED.

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST -- THAT QUALITY INSURANCE SOLUTIONS, INC.
(NAME OF CORPORATION)

DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA.

WITH ITS PRINCIPAL PLACE OF BUSINESS AT CITY OF MIAMI
(CITY)

STATE OF FLORIDA HAS NAMED RUTH NAVARRO
(STATE) (NAME OF RESIDENT AGENT)

LOCATED AT 14346 SW 49TH LANE
(STREET ADDRESS AND NUMBER OF BUILDING,
POST OFFICE BOX ADDRESSES ARE NOT ACCEPTABLE)

CITY OF MIAMI, STATE OF FLORIDA, AS ITS AGENT TO ACCEPT
(CITY)
SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE Ruth Navarro
(CORPORATE OFFICER)
RUTH NAVARRO

TITLE PRESIDENT

DATE X 10-24-07

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, : HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE Ruth Navarro
(RESIDENT AGENT)
RUTH NAVARRO

DATE X 10-24-07

02 OCT 28 AM 7:58

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA