

PO300075719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

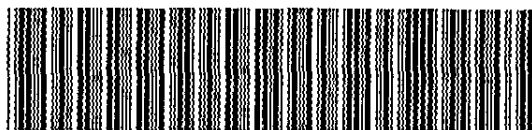
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200021008972

07/03/03--01022--004 \*\*70.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03 JUL -3 PM 3:02

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: P. A. Quiron, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: Antonio Olivera

Name (Printed or typed)

10 NW 87 Avenue #B218

Address

Miami, FL 33172

City, State & Zip

786-543-5853

Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### ARTICLE I NAME

The name of the corporation shall be:  
P. A. Quiron, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:  
10 NW 87 Avenue #B218  
Miami, FL 33172

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
Any and All Lawful Business

### ARTICLE IV SHARES

The number of shares of stock is:  
1000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):  
Antonio Olivera, President  
10 NW 87 Avenue #B218  
Miami, FL 33172

### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:  
Antonio Olivera  
10 NW 87 Avenue #B218  
Miami, FL 33172

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:  
Antonio Olivera  
10 NW 87 Avenue #B218  
Miami, 33172

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

A Olivera  
Signature/Registered Agent

06-29-03  
Date

A Olivera  
Signature/Incorporator

06-29-03  
Date

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03 JUL -3 PM 3:02