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TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

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

SUBJECT: Quintero Contractors, 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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

FROM: Felipe Quintero  
Name (Printed or typed)

Post Office Box 757

Address

Mascotte, Florida 34753

City, State & Zip

(352) 315-3189

Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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:

Quintero Contractors, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Post Office Box 757  
Mascotte, Florida 34753

**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:

100 Shares

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

Felipe Quintero, President  
Post Office Box 757  
Mascotte, Florida 34753

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

Felipe Quintero  
206 Tuscanooga Road  
Mascotte, Florida 34753

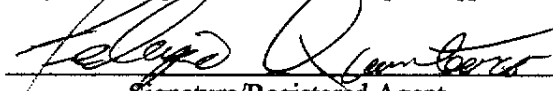
**ARTICLE VII INCORPORATOR**

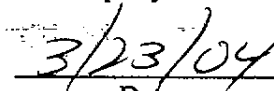
The name and address of the Incorporator is:

Felipe Quintero  
Post Office Box 757  
Mascotte, Florida 34753

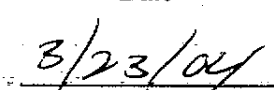
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

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