P07000109553

(Requestor's Name)				
(Ad	Idress)			
(Ac	ldress)			
(* 10	(u1000)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
	_			
(Business Entity Name)				
(Do	cument Number)			
•				
Certified Copies	Certificate	s of Status		
Special Instructions to	Filing Officer:			
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

C.J. 10-4

COVER LETTER

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

SUBJECT:	Ensure Quality 1 (PROPOSED CORPORATE	Processing Cor	ρ.	
•	(PROPOSED CORPORAT	ΓΕ NAME – <u>MUST INCLI</u>	DE SUFFIX)	
Enclosed are an ori	ginal and one (1) copy of the artic	les of incorporation and	a check for:	
\$70.00	\$78.75	□ \$78.75	\$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of	
•			Status	
		ADDITIONAL CO	PY REQUIRED	
	OIT II			
FROM:	Ovidio Jesus Mi	(Printed or typed)		
	Name ((Printed or typed)	•	
16534 S.W. 96 Torrace				
•	A	Address		
	Miami, FL. 33196 City,	State & 7in	*****	
		State & Zip	.	
	786 299-6486 DQ Daytime To	305 408 - 8057	home.	
Daytime Telephone number				

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 14, 2007

OVIDIO JESUS MIJARES 16534 SW 96 TERR. MIAMI, FL 33196

SUBJECT: ENSURE QUALITY PROCESSING, CORP.

Ref. Number: W07000045635

We have received your document for ENSURE QUALITY PROCESSING, CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected 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) 245-6047.

Carolyn Lewis
Document Specialist
New Filing Section

Letter Number: 807A000545

Division of Comparations D.O. DOV 6297 Tellahassas Florida 299

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILED
ARTICLE I NAME	2007 OCT -3 PM 2: 54
The name of the corporation shall be:	3 PA 2: 54
ENSURE Quality Processing, Corp.	SECRETARY OF STATE TALLAHASSEE. FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
16534 S.W. 96 Terrace	
Miami, FL. 33196 ARTICLE III PURPOSE	
The purpose for which the corporation is organized is: MONTO AGE FILE PROCESSING	
ARTICLE IV SHARES	
The number of shares of stock is:	•
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	
OVIDIO Jesus MIJARES	
16534 S.W. 96 Torrace	
Uiami, FL. 33196	
PAESIDENT	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the r	egistered agent is:
OVIDIO Jesus MIJARES	ogistored agent is.
16534 S.W. 96 Torrace	
Miami, FL 33196.	
ARTICLE VII INCORPORATOR	•
The <u>name and address</u> of the Incorporator is:	
OVIDIO JESUS MIJARES	
16534 S.W. 96 TERNACE	
MIAMI, FL 33196	*******
Having been named as registered agent to accept service of process for the above stated certificate. I am familiar with and accept the appointment as registered agent and agree to	
(fait 1/ huge)	
Signatura/Registered Agent	Date
((protiff-11 peggel)	
Signature/Incorporator	Date