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Florida Department of State

Division of Corporations Public Access System

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FLORIDA PROFIT/NON PROFIT CORPORATIO

COMPLETE QUALITY SERVICES, INC.

Certificate of Status	0
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1 Suppose APR 08 2003

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

COMPLETE QUALITY SERVICES, INC.

ARTICLE IL PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

6995 W. 15 Ave. HiALEAH, FI 33014

ARTICLE III SHARES

The number of chares of stock that this corporation is authorized to have outstanding at any one time is:

1000

2008 APR -7 AM 7: 04
SECRETARY OF STATE
AND ANASSES EL DELLA

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JOEGE QUATRIO 6995 W. 15 Aug. HIALOU, FJ 33014

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation (s(are):

JORGE QUITANO. 6995 W. 15 ARRO. LIDVEAH, FI 33014

ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

JORGE QUITANO 6995 W. 15 Aux. Highert, FI 33014

> Signature Signature

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

ne name and address	of the register	red agent and o	office is:	
JO265 Qu				
	INAME	=}		
6995 W.	15 Ave	<u>.</u> .		
(P.	O. BOX NOT AC	CCEPTABLE)	_	
HIAZEAN	F-1	33014	Į.	
	(CITY/STAT	E/ZIP)	· · · · · · · · · · · · · · · · · · ·	

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE SECRETARY OF STATE DATE OU OF OB SEE, FLORIDA