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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VII

108 108516

COVER LETTER

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

SUBJECT: QUALITY ALL SERVICE 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: YGNACIO ROJAS

Name (Printed or typed)

1471 LA COSTA DRIVE EAST

Address

PEMBROKE PINES FL 33027

City, State & Zip

305 525 1714

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 18, 2008

YGNACIO ROJAS
1471 LA COSTA DRIVE EAST
PEMBROKE PINES, FL 33027

SUBJECT: ALL SERVICES INC
Ref. Number: W08000019854

We have received your document for ALL SERVICES INC and your check(s) totaling \$78.75. 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 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) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 508A00023457

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:

QUALITY ALL SERVICE INC

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1471 LA COSTA DRIVE EAST
PEMBROKE PINES FL 33027

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HOME / COMERCIAL REPAIRS

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):

YGNACIO ROJAS PRESIDENT
1471 LA COSTA DRIVE EAST
PEMBROKE PINES FL 33027

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

YGNACIO ROJAS
1471 LA COSTA DRIVE EAST
PEMBROKE PINES FL 33027

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

YGNACIO ROJAS
1471 LA COSTA DRIVE EAST
PEMBROKE PINES FL 33027

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

x _____
Signature/Registered Agent

x _____
Signature/Incorporator

FILED

08 MAY -5 AM 8:57

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

5/1/08

Date

5/1/08

Date