

PO9000078751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

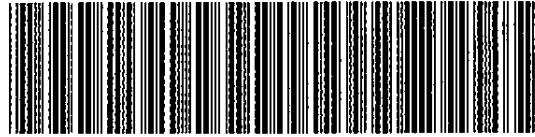
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700160709417

09/21/09--01047--008 **78.75

FILED
2009 SEP 21 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4.8thurs SEP 24 2009

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:

Quines Multiples Services Corp.
5625 W 17ave
Hialeah, Florida 33012

ARTICLE II - PRINCIPAL OFFICE

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

5625 W 17ave
Hialeah, Florida 33012

ARTICLE III - SHARES

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

100

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MA6061 Piloto
5625 W 17ave
Hialeah, Florida 33012

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 SEP 21 PM 2:21

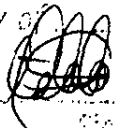
FILED

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

MAGUEL P. Ito
5625 W 17ave
Dealia H, FL 33012

The undersigned incorporator has executed these Articles of Incorporation this _____ day of _____ 20____



Signature

ARTICLE VI - DIRECTORS

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

MAGUEL P. Ito
5625 W 17ave
Dealia H, FL 33012

2009 SEP 21 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.



Registered Agent Signature