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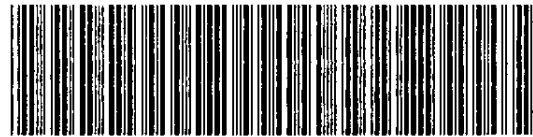
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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J. Shivers FEB 24 2011

11-10191  
691

**Quality Employment Services of Miami, Inc.**

**10711 SW 216 Street**

**Suite 108**

**Miami, Fl. 33170**

**Phone: (305) 218-4429/Fax: (786) 581-9877**



February 15, 2011

To whom it may concern:

I Pebbles Collins-Smith will not revoke the voluntary dissolution that was filed and release the name to be filed by another entity. Any questions please don't hesitate to call me at: (305) 218-4429.

Thank you,

A handwritten signature in black ink. The signature is cursive and stylized, appearing to read 'Pebbles Collins-Smith'. The first name 'Pebbles' is written in a large, flowing script, while the last name 'Collins-Smith' is more compact and follows the first name.

Pebbles Collins-Smith

CEO/President

Document #:N09000005935

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TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT: Quality Employment Services of Miami, 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: Pebbles Collins-Smith

Name (Printed or typed)

10711 SW 216 Street, Suite 108

Address

Miami, Fl. 33170

City, State & Zip

(305) 218-4429

Daytime Telephone number

psmith0411@aol.com

E-mail address: (to be used for future annual report notification)

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

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SECRETARY OF STATE

**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 Employment Services of Miami, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
10711 SW 216 Street  
Suite 108  
Miami, FL 33170

Mailing address, if different is:  
10711 SW 216 Street  
Suite 108  
Miami, FL 33170

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The organization is organized to assist persons with disabilities in the area of: Supported Living Coaching Supported Employment Coaching, Respite Care, In-Home Support, Personal Care Assistance and Companion Services.

**ARTICLE IV SHARES**

The number of shares of stock is: **1**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Pebbles Collins-Smith/CEO  
Address: 10711 SW 216 Street  
Suite 108  
Miami, Florida 33170

Name and Title: Pebbles Collins-Smith/President  
Address: 10711 SW 216 Street  
Suite 108  
Miami, Florida 33170

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Pebbles Collins-Smith  
Address: 10711 SW 216 Street, Suite 108  
Miami, FL 33170

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Pebbles Collins-Smith  
Address: 10711 SW 216 Street, Suite 108  
Miami, FL 33170

*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*

  
Required Signature/Registered Agent

February 15, 2011  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
Required Signature/Incorporator

February 15, 2011  
Date

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SECRETARY OF STATE