# P100024684

stor's Name)				
ss)				
ss)				
tate/Zip/Phone #)				
WAIT MAIL				
ess Entity Name)				
(Document Number)				
Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



000196709260

03/11/11--01016--006 \*\*78.75

MAR 11 PN 1:49
SECRETARY OF STATE
THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MAKEN THE SECRETARY OF STATE

THE MA

Ps 3/14/11

# **COVER LETTER**

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

SUBJECT: QMC	C, Inc		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	l a check for:
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	Edward W Diaz Name	e (Printed or typed)	
	898 SW Haas Avenue		,
		Address	
· <del></del>	Port St Lucie, FL 34953	!	
	City,	State & Zip	
	772-263-1213		
	Daytime T	elephone number	
	qmccinc@yahoo.com		
	E-mail address: (to be use	d for future annual report n	otification)

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



# 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:

QMCC, Inc.

FILED

11 MAR 11 PM 1: 49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

### ARTICLE II PRINCIPAL OFFICE

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

828 Haas Ave; Port St Lucie, FL 34953

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

General Property Maintenance

### ARTICLE IV SHARES

The number of shares of stock is: 1,000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Edward W Diaz -President 898 SW Haas Ave Port St Lucie, FL 34953

### ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: Edward W Diaz-898 SW Haas Ave; Port St Lucie, FL 34953

### <u>ARTICLE VII INCORPORATOR</u>

The <u>name and address</u> of the Incorporator is: Edward W Diaz-898 SW Haas Ave; Port St Lucie, FL 34953

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

6-74	03/67/11
Signature/Registered Agent	Date
5-3	0>/7/11
Signature/Incorporator	Date