

P13000066799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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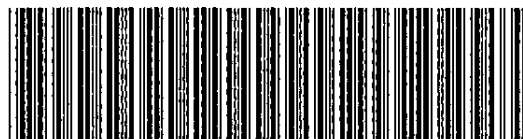
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 AUG -9 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB
8/14/13

COVER LETTER

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

SUBJECT: **QMS 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: **William Minder**

Name (Printed or typed)

760 14th Ave NW

Address

Naples, FL 34120

City, State & Zip

239-530-8838

Daytime Telephone number

hunter2591@gmail.com

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

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)

FILED

ARTICLE I NAME

The name of the corporation shall be: QMS Inc

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ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different is:

760 14th Ave NW

Naples, FL 34120

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Referral Service for the General Trades

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Paxton, Pres

Name and Title: _____

Address: 760 14th Ave NW
Naples, FL 34120

Address: _____

Name and Title: Jason Minder, VP

Name and Title: _____

Address: 760 14th Ave NW
Naples, FL 34120

Address: _____

Name and Title: Dawn Suzor, VP

Name and Title: William Minder, Treas

Address: 760 14th Ave NW
Naples, FL 34120

Address: 760 14th Ave NW
Naples, FL 34120

(conti.)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: William Minder
Address: 760 14th Ave NW
Naples, FL 34120

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: William Minder
Address: 760 14th Ave NW
Naples, FL 34120

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

8/7/13

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

8/7/13

Date