

OCT/21/2013 MON 04:46 PM

10/21/13

FAX NO.

P-001

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
DIRECT QUALITY SERVICE CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED
13 OCT 21 PM 4:26
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TALLAHASSEE, FLORIDA

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FAX No.

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DIVISION OF CORPORATIONS

P. 002

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S.

OCT 21 AM 10:48

ARTICLE I NAME

The name of the corporation shall be:

DIRECT QUALITY SERVICE CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

440 SW 133 CT

MIAMI, FL 33184

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

SHARES: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **MICHEL OQUENDO (P)**

Name and Title: _____

Address: **440 SW 133 CT**

Address: _____

MIAMI, FL 33184

Name and Title: **HECTOR OQUENDO (VP)**

Name and Title: _____

Address: **440 SW 133 CT**

Address: _____

MIAMI, FL 33184

Name and Title: **MARIDEL MONTON (S)**

Name and Title: _____

Address: **440 SW 133 CT**

Address: _____

MIAMI, FL 33184

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(cont.)

13 OCT 21 AM 10:48

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: HECTOR OQUENDO
Address: 440 SW 133 CT
MIAMI, FL 33184

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: HECTOR OQUENDO
Address: 440 SW 133 CT
MIAMI, FL 33184

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

10-18-2013

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.817.135, F.S.

Required Signature/Incorporator

10-18-2013

Date