Division of Corporations



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : BARINAS & ASSOCIATES INC.

Account Number : I20000000082

Phone : (305)871-0889 Fax Number

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FLORIDA PROFIT/NON PROFIT CORPORATION JEANNETTE QUINTERO, P.A.

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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:

JEANNETTE QUINTERO, P.A.

ARTICLE II: PRINCIPAL OFFICE

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

11246 NW 59TH TERRACE MIAMI, FL 33178

ARTICLE III: SHARES

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

1000 SHARES AT NO PAR VALUE

ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

JEANNETTE QUINTERO 11246 NW 59TH TERRACE MIAMI, FL 33178

ARTICLE V: INCORPORATORS

JEANNETTE QUINTERO 11246 NW 59TH TERRACE MIAMI, FL 33178

ARTICLE VI: OFFICERS/DIRECTORS

PRESIDENT

JEANNETTE QUINTERO 11246 NW 59TH TERRACE MIAMI, FL 33178

The unde	rsigned incorpo	prator (s) has (have) executed these Articles of
Incorpora	ation this:	
10TH	JANUARY	
day of		<u>_, 2014</u>
(An addit	ional article mu	st be added if an effective date is requested.)

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the corporation is:

(SIGNATURE)

JEANNETTE QUINTERO, P.A.

The name and address of the registered agent and office is:

JEANNETTE QUINTERO		
11246 NW 59TH TERRACE	NAF 11	er jag
(P.O. BOX OR MAIL DROP BOX NOT ACCEPTABLE)	A I	4 "} ************************************
	is ₹	
MIAMI, FL 33178	9: 08 STATE	Mary ar
(CITY, STATE, ZIP)	,,,,	

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

January 10, 2014

(DATE)

DIVÍSION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314