

PI40000009275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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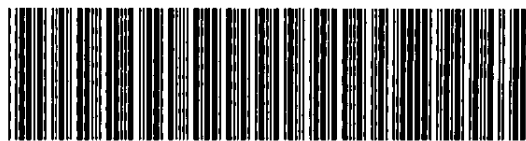
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2014

AUREL JULIAN TABACU
609 BOUGH AVE.
CLEARWATER, FL 33760

SUBJECT: Q - TRUST CONSULTING INC.
Ref. Number: W14000002670

We have received your document for Q - TRUST CONSULTING INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 414A00000950

COVER LETTER

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

SUBJECT: Q - TRUST CONSULTING 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Aurel Iulian Tabacu

Name (Printed or typed)

609 Bough Ave

Address

Clearwater, FL 33760

City, State & Zip

562-688-6161

Daytime Telephone number

aureltabacu@yahoo.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)

ARTICLE I NAME

The name of the corporation shall be: Q - TRUST CONSULTING INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

609 Bough Ave.

Clearwater, FL 33760

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The corporation's primary business is to provide professional engineering and consulting services for its clients in wireless communications from initial designs to final inspections.

ARTICLE IV SHARES

The number of shares of stock is: 100000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Aurel Iulian Tabacu - Director

Name and Title: _____

Address: 609 Bough Ave

Address: _____

Clearwater, FL 33670

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(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: Aurel Iulian Tabacu
Address: 609 Bough Ave
Clearwater, FL 33760

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Aurel Iulian Tabacu
Address: 609 Bough Ave
Clearwater, FL 33760

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

1/22/2014

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

1/22/2014

Date

FILED
14 JAN 27 AM 11:21
CLERK OF STATE
TALLAHASSEE, FLORIDA