

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : CORP USA  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (786) 409-3946

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## FLORIDA PROFIT/NON PROFIT CORPORATION

TQA, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
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Corporate Filing Menu

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July 11, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CORP USA

SUBJECT: QUALITY ASSURANCE SERVICES CORP.  
REF: W14000042782

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The name and document number of conflict is, "L06000077966 - QUALITY ASSURANCE SERVICES, LLC".

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return 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.

Carol Mustain  
Regulatory Specialist II

FAX Aud. #: B14000165178  
Letter Number: 314A00014981

P.O BOX 6327 - Tallahassee, Florida 32314



July 16, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CORP USA

SUBJECT: QUALITY ASSURANCE SERVICES CORP.  
REF: W14000042782

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please check the spelling of the third person listed as "T" on the document. If these are two different people, list each one separately.

*it is one person*

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

*Please*

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

*File.*

Carol Mustain  
Regulatory Specialist II

FAX Aud. #: H14000165178  
Letter Number: 714A00015296

*7-10*

P.O BOX 6327 - Tallahassee, Florida 32314

414000165178

**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:

TQA, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

806 S. Douglas Road

Suite 580

Coral Gables, Florida 33134

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The corporation will engage in activities or business permitted under the laws  
of the United States and under the law of the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is:

1,000; \$1.00 Par Value

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

Acilino Ramirez Mendoza - P/D

Name and Title:

Address:

806 S. Douglas Road

Address:

Suite 580

Coral Gables, Florida 33134

Name and Title:

Ricardo Acilino Ramirez Rojas - S/VP

Name and Title:

Address:

806 S. Douglas Road

Address:

Suite 580

Coral Gables, Florida 33134

Name and Title:

Ricardo Acilino Ramirez, Ramirez Rojas

Name and Title:

Address:

806 S. Douglas Road

Address:

Suite 580

Coral Gables, Florida 33134

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(cont.)

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: Appelrouth Consulting Corp.  
Address: 999 Ponce de Leon Blvd., Suite 625  
Coral Gables, Florida 33134

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Carlos M. Farah, CPA  
Address: 999 Ponce de Leon Blvd., Suite 625  
Coral Gables, Florida 33134

*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*

*Carlos M. Farah*  
Required Signature/Registered Agent

7/10/2014  
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.*

*Carlos M. Farah*  
Required Signature/Incorporator

7/10/2014  
Date

41400065178