Florida Department of State

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July 11, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: QUALITY ASSURANCE SERVICES CORP.

REF: W14000042782

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Carol Mustain Regulatory Specialist II FAX Aud. #: E14000165178 Letter Number: 314A00014981

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July 16, 2014

FLORIDA DEPARTMENT OF STATE
Davision of Corporations

CORP USA

SUBJECT: QUALITY ASSURANCE SERVICES CORP.

REF: W14000042782

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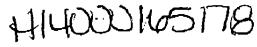
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Carol Mustain Regulatory Specialist II FAX Aud. #: H14000165178 Letter Number: 714A00015296

1

P.O BOX 6327 - Tallahassee, Florida 32314



(3)

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ms of the corpo	ration shall bea	QA, Inc.		
OLE II P	INCIPAL OFFICE		* * * = = = = = =	
S. Doug	Principal <u>street</u> address las Road		•	Malling address, if different is:
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	s, Florida 33134			
CLE DI PO				
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	States and under			
ie Onited	i States and under	CHE INV	n nie Stati	o of Fiorna.
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CLE V D	etial officers and/o	R DIRECTOR	<u>:6</u>	
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CLE V D	ettal officers and/or kie: Acilino Ramirez Mer 806 S. Douglas	R <i>DRECTOR</i> ndoza - P/C	<u>:6</u>	X
CLE V II	Acilino Ramirez Mer 806 S. Douglas Suite 580	R DIRECTOR ndoza - P/C Road	Name and Title Address:	M
CLE V II	ettal officers and/or kie: Acilino Ramirez Mer 806 S. Douglas	R DIRECTOR ndoza - P/C Road	Name and Title Address:	N
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Name and Ti Address Name and Ti Address Name and Ti	Acilino Ramirez Mer 806 S. Douglas Suite 580 Coral Gables, Flor 806 S. Douglas Ricardo Acilino Remirez 806 S. Douglas Suite 580 Coral Gables, Flor Coral Gables, Flor	Road Road Roias - 8/VF Road Roias - 8/VF Road Ramirez Rojas	Name and Title Address: Name and Title Address: Name and Title	

FILE) SECRETARY OF STATE DIVIDIAN OF CORPORATION

Name and Title:		Name and Title:		
Addı	ress A	ddress:		
47/2007 0 17				
ARTICLE V	I <u>REGISTERED AGENT</u> I <u>Florida street address</u> (P.O. Box NOT acceptable) of the	registered agent is:		
Name:	Appelrouth Consulting Corp.			
Address:	999 Ponce de Leon Blvd., Suite 625			
L Share and	Coral Gables, Florida 33134			
	II INCORPORATOR Laddress of the Incorporator is: Carlos M. Farah, CPA			
Name: Address:	999 Ponce de Leon Bivd., Suite 825			
	Coral Gables, Florida 33134			
Having been t	named as registered agent to accept service of process for I am familiar with and accept the appointment as registe	the above stated corporation at the place designated in red agent and agree to act in this capacity		
	(a) Fruch	7/10/2014		
	Required Signature/Registered Agent	Date		
I submit this o document to ti	locument and affirm that the facts stated herein are true he Department of State constitutes a third degree felony as	. I am aware that the false information submitted in a provided for in s.817.155, F.S.		
	(ab trindh	7/10/2014		
	Required Signature/Incorporator	Date		