

(Requestor's Name)				
(Address)				
(Address)				
(City/s	State/Zip/Phon	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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12/22/14--01006--019 **78.75

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SEGNITARY OF STATE
ARASSEE FLORID

Compliante de la lacción de lacción

w14-76149

COVER LETTER

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

SUBJECT: Q	uality One Body sl	nop inc	
	(PROPOSED CORPORA	ATE NAMÉ – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an	original and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.0 Filing Fe		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM:	Tomas Ospino		
		e (Printed or typed)	
	4263 E 10 Lane		
		Address	
	Hialeah FI 33013	State & 7in	
	786-251-4860	, State & Zip	

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

tosp220@gmail.com

E-mail address: (to be used for future annual report notification)



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

December 24, 2014

TOMAS OSPINO 4263 E 10 LN HIALEAH, FL 33013

SUBJECT: QUALITY ONE BODY SHOP INC

Ref. Number: W14000076149

We have received your document for QUALITY ONE BODY SHOP 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 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.

Jessica A Fason Regulatory Specialist II

Letter Number: 814A00027179

www.sunbiz.org

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

TICLE II PI	Principal street address	Mailing ad	trace if different in	
Principal street address 4263 E 10 Lane Hialeah Fl 33013		Mailing address, if different is: 4263 E 10 Lane		
		Hialeah FI 33013		
TICLE III PL	IRPOSE h the corporation is organized is:	Repair		
			-	
TICLE IV SI	HARES of stock is: 100			
number of shares	of stock is: 100	OTTOR C		
number of shares	of stock is: 100	ctors Name and Title: Presid	dent	
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number of shares	of stock is: 100 VITIAL OFFICERS AND/OR DIRECT itle: Tomas Ospino 4263 E 10 Lane	CTORS Name and Title: Presided Address:	TALL.	
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Name and Ti Address Address	of stock is: 100 VITIAL OFFICERS AND/OR DIRECT itle: Tomas Ospino 4263 E 10 Lane Hialeah FI 33013	Name and Title: President Address: Name and Title: Address: Name and Title:	15 JAN -2 PH 1: 48 SEGRETARY OF STATE TALLARASSEE FLORIDA	

Name and	l Title:	Name and Title:
Address		Address:
<i>ARTICLE VI</i> The name and Flo	REGISTERED AGENT orida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	Tomas Ospino	
Address:	4263 E 10 Lane	
	Hialeah Fl 33013	
ARTICLE VII	INCORPORATOR	
The <u>name and ad</u>	dress of the Incorporator is:	
Name:	Tomas Ospino	
Address:	4263 E 10 Lane	
	Hialeah Fl 33013	<u> </u>
		ess for the above stated corporation at the place designated is registered agent and agree to act in this capacity $ /2-20-/ \ \ \ \ \ \ \ \ \ \ \ \ \ $
	Required Signature/Registered Agent	Date
		are true. I am aware that the false information submitted in lony as provided for in s.817.155, F.S.
		FILEI 15 JAN -2 PH SEGRETARY OF TALLAHASSEE F