

P/50000/3723

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 10 2015

S. GILBERT

## COVER LETTER

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

SUBJECT: **Supply Quality Corp**

(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  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: **Supply Quality Corp**

Name (Printed or typed)

**2211 NW 15 Avenue # 26**

Address

**Pompano Beach, FL 33069**

City, State & Zip

**7542348598**

Daytime Telephone number

**Supplyqualitycorp@gmail.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: Supply Quality Corp

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2211 NW 15 Avenue # 26  
Pompano Beach, FI 33069

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SECRETARY OF STATE  
MAILING ADDRESS, INDIANAPOLIS, IN  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Supply Quality Services to Florida Businesses  
of all industries and to individual FI residents.

**ARTICLE IV SHARES**

The number of shares of stock is: 100,000.00

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

Name and Title: Clemente Vasallo, President

Address: 2211 nw 15 Avenue #15  
Pompano Beach, FI  
33069

Name and Title: Clemente Vasallo, Treasurer

Address: 2211 NW 15 Avenue #26  
Pompano Beach, FI 33065

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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:

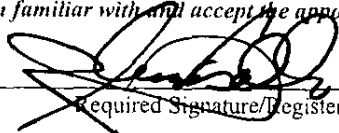
Name: Clemente Vasallo  
Address: 2211 NW 15 Avenue # 26  
Pompano Beach, FI 33069

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Clemente Vasallo  
Address: 2211 NW 15 Avenue  
Pompano Beach, FI 33065

*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*

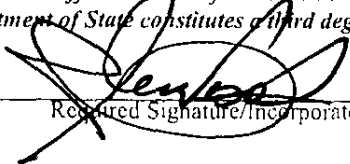


\_\_\_\_\_  
Required Signature/Registered Agent

01/28/2015

\_\_\_\_\_  
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

01/28/2015

\_\_\_\_\_  
Date