

P15 0000034868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

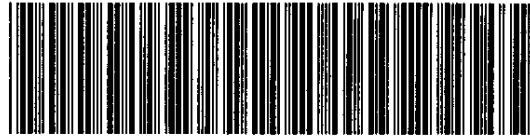
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400271701394

04/13/15--01044--002 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 APR 13 PM 3:51

APPROVED
AND
FILED

Vit

COVER LETTER

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

SUBJECT: Design Quality Services, 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Luis Miguel Moreira

Name (Printed or typed)

1715 SW 33rd Terrace

Address

Cape Coral, FL 33914

City, State & Zip

239-205-0035

Daytime Telephone number

patti@skywardstructures.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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be:

Design Quality Services, Inc.

APR 13 PM 3:51

ARTICLE II PRINCIPAL OFFICE

Principal street address

Luis Miguel Moreira

1715 SW 33rd Terrace

Cape Coral, FL 33914

SECRETARY, OFFICE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Luis Miguel Moreira - President

Name and Title: _____

Address

1715 SW 33rd Terrace

Address: _____

Cape Coral, FL 33914

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

APPROVAL
AND
FILED (cont.)

15 APR 13 PM 3:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

Skyward Structures, LLC

Address:

4536 Del Rio Lane

Bonita Springs, FL 34134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Skyward Structures, LLC Patti Brewer

Address:

4536 Del Rio Lane

Bonita Springs, FL 34134

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

Patti Rae Brewer
Patti Rae Brewer

Required Signature/Registered Agent

04/08/2015

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.

Patti Rae Brewer
Patti Rae Brewer

Required Signature/Incorporator

04/08/2015

Date