

P15000034908

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(Address)

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(Business Entity Name)

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APR 16 2015

T. SCOTT



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15 APR 13 PM 2:32

APR 13 2015

COVER LETTER

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

SUBJECT: QC Loan Solutions, 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
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: Karen Pergolizzi

Name (Printed or typed)

149 Cypress Cove

Address

Jupiter, FL 33458

City, State & Zip

(561) 339-2306

Daytime Telephone number

K.Pergolizzi@aol.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: QC Loan Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

149 Cypress Cove

Jupiter, FL 33458

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for any all lawful purposes

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Karen Pergolizzi, Director, Pres./Sec./Treas.

Name and Title: _____

Address 149 Cypress Cove
Jupiter, FL 33458

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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FILED
CLERK OF DISTRICT COURT
JUPITER, FL

(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:

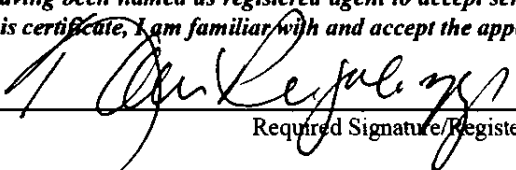
Name: Karen Pergolizzi
Address: 149 Cypress Cove
Jupiter, FL 33458

ARTICLE VII INCORPORATOR

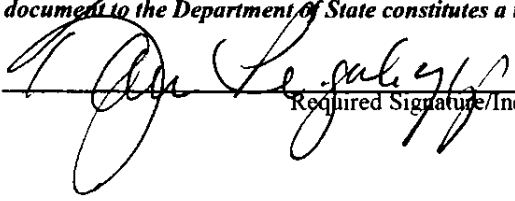
The name and address of the Incorporator is:

Name: Karen Pergolizzi
Address: 149 Cypress Cove
Jupiter, FL 33458

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

 4/10/15
Required Signature/Registered Agent 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.

 4/10/15
Required Signature/Incorporator Date