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(((H15000098663 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone Fax Number

: (305)552-5973 : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION: QUINTEL'S PROPERTY PRESERVATION SERVICES INC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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Corporate Filing Menu

#2122 P.002/004

H15000098663

4-22-15

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of Quintel's Property Preservoi Doc# P1800040730 are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very Sincerely,

H1500009B663

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

The flat of the verposition is.	ł
Quintel's Property Preservation Servi	ces
ARTICLE II PRINCIPAL OFFICE:	.
TAXID: 46-2	867874
The principal street address and mailing address is:	
3811 NE 12th ST]
Pompano Beach FL 33064	
	_
ARTICLE III SHARES: The number of shares of stock is:	400 004
A DETACLE DATE AND ADDRESS OF A DESCRIPTION OF A DESCRIPT	1
Travon Fort	
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	2
•	
	1
•	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	
The name and Florida street address (PO Box not acceptable) of the registered agent is:	}
Travon Fort	-
3811 NE 12th ST	
Pompano Beach FL 33064	Ì
·	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
Travon Fort	
3811 NE 12th ST	
Pompano Beach FL 33064	Ì

#2122 P. 004/004

H150000098663

Required Signatures:

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

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.

X Incorporator Date