## P500036820

(Requestor's Name)					
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(City	//State/Zip/Phone	e #)			
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Special Instructions to Filing Officer:					
Special instructions to 1 lining Officer.					

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## **COVER LETTER**

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

SUBJECT: E	3ES	T QUALITY TF		
Enclosed are a	n origir	(PROPOSED CORPORATION OF the a	RATE NAME – MUST INCL articles of incorporation an	
■ \$70 Filing l		\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PY REQUIRED
FROM	<sub>4:</sub> Μ/	ARIA E RUIZ		
	77	Na 50 SW 117TH	me (Printed or typed)  AVE SUITE 20  Address	01D
			Auul 622	

MARIAQUIROS9@HOTMAIL.COM

MIAMI FLORIDA 33183

3055952407

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

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

City, State & Zip

Daytime Telephone number

April 14, 2015

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

Re: P07000048526 **Best Quality Transport Inc** 

To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely

Adrian Yanez

Notary Public State of Florida Diana Manso

My Commission EE 204554 Expires 06/04/2016

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

CLE II PRI	NCIPAL OFFICE Principal <u>street</u> address	Mailing ad	dress, if different is:	
55 NW 6 TE	ERRACE APT 224	_	TH AVE SUITE	
AMI FLORIDA 33126		MIAMI FLORIDA 33183		
ICLE III PUR urpose for which t	POSE he corporation is organized is:	ID ALL LEGAL I	PURPOSES	
			i in in	
			20 R 20	
			10 10	
			量, 5	
	RES 100 @ \$1.00 EA			
CLE V INIT	TAL OFFICERS AND/OR DIRECTORS			
CLE V INT		Name and Title:		
CLE V INIT	TAL OFFICERS AND/OR DIRECTORS ADRIAN YANEZ, PRES			
Name and Title Address	ADRIAN YANEZ, PRES 8255 NW 6 TERRACE APT 224 MIAMI FLORIDA 33126	Name and Title:Address:		
Name and Title Address  Name and Title	ADRIAN YANEZ, PRES 8255 NW 6 TERRACE APT 224 MIAMI FLORIDA 33126	Name and Title:  Address:  Name and Title:		
Name and Title Address	ADRIAN YANEZ, PRES 8255 NW 6 TERRACE APT 224 MIAMI FLORIDA 33126	Name and Title:  Address:  Name and Title:  Address:		
Name and Title Address  Name and Title	ADRIAN YANEZ, PRES 8255 NW 6 TERRACE APT 224 MIAMI FLORIDA 33126	Name and Title:  Address:  Name and Title:  Address:		
Name and Title Address  Name and Title: Address	ADRIAN YANEZ, PRES 8255 NW 6 TERRACE APT 224 MIAMI FLORIDA 33126	Name and Title:  Address:  Name and Title:  Address:		
Name and Title Address  Name and Title: Address	ADRIAN YANEZ, PRES 8255 NW 6 TERRACE APT 224 MIAMI FLORIDA 33126	Name and Title:  Address:  Name and Title:  Address:  Name and Title:		

Name a	nd Title:	Name and Title:	
Addres		Address:	
ARTICLE VI The name and l	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of ADRIAN YANEZ	the registered agent is:	15 PR
Address:	8255 NW 6 TERRACE APT 224		20
Address.	MIAMI FLORIDA 33126		PH 12: 51
ARTICLE VII	INCORPORATOR		जुंदी ज
The name and a	address of the Incorporator is:		
Name:	ADRIAN YANEZ		
Address:	8255 NW 6 TERRACE APT 224		
	MIAMI FLORIDA 33126		
Having been no this certificate,	amed as re <u>pistere</u> d agent to accept service of process I am familiar with and accept the appointment as reg	for the above stated corpora istered agent and agree to ac	ntion at the place designated in t in this capacity
<del>\</del>	Required Signature/Registered Agent		
I submit this de document to the	required Signature/Registered Agent required Signature/Incorporator	true. I am aware that the fa y as provided for in s.817.15:	lse information submitted in a 5, F.S.     John   17   Date
1	Required Signature/Incorporator		Date