

P 16000030401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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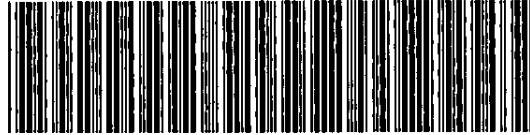
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 MAR 31 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/6/14

SUP. OF STATE
DIV. OF CORP.
P.O. BOX 6327
TALLAHASSEE, FL 32314

679 SW 1TH TOWER
HOMESTEAD, FL 33038
MARCH 17, 2016

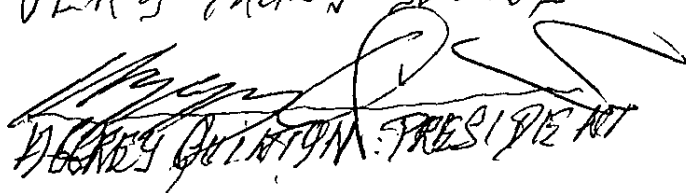
RE: HQ MIND & BODY ENHANCEMENT, INC

GENTLEMEN:

ENCLOSED, PLEASE THE ORIGINAL AND
A COPY OF ARTICLES OF INCORPORATION TOGETHER
WITH A CHECK IN THE AMOUNT OF \$87.50.

THIS REPRESENTS FILING FEES, CERTIFIED
COPY OF INCORPORATION, AND FEE FOR REGISTERED
AGENT DESIGNATION FOR THE ABOVE NAMED CORPORATION.
ALSO CERTIFICATE OF STATUS.

VERY TRULY YOURS


DEREK QUINLAN, PRESIDENT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 03/28/14

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: AQ MIND & BODY ENHANCEMENT, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

679 SW 17TH TERRACE
HOMESTEAD, FL. 33030

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ENGAGE IN ANY LAWFUL
ACT OR ACTIVITY FOR WHICH CORPORATIONS MAY BE
ORGANIZED UNDER THE LAWS OF THE UNITED STATES
AND OF THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is: ONE (1) HUNDRED SHARES, PAR VALUE OF \$5.00 PER SHARE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

ALBERT QUENTIN - PRES

Name and Title:

Address

679 SW 17TH TERRACE
HOMESTEAD FL.
33030

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: AGGREY QUINTAN
Address: 679 SW 17TH TERRACE
HOMESTEAD, FL 33030

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: AGGREY QUINTAN
Address: 679 SW 17TH TERRACE
HOMESTEAD, FL 33030

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TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: MARCH 28 2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

[Signature] Required Signature/Registered Agent 3/21/16 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.

[Signature] Required Signature/Incorporator 3/21/16 Date