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(Re	questor's Name)	1		
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certificate	s of Status		
Special Instructions to	Filing Officer:			

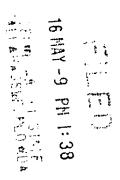
Office Use Only

W14- 25296



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03/28/16--01022--029 **78.75



MAY 2016 S. GILBERT

COVER LETTER

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

SUBJECT:	QUALS PASNT (OCD. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed are an orig	rinal and one (1) copy of the arti	icles of incorporation and	I a check for:		
☐ \$70.00 Filing Fee	•	\$78.75 Filing Fee & Certified Copy	& Certificate of Status		
		ADDITIONAL CO			
FROM:	JUAN PA Name	BLO CONDE (Printed or typed)			
	4810 NW	79 tu Ave. Ap	t:203		
	Doral City,	FL <u>33166</u> State & Zip			
_	(305) 6 Daytime T	772 - 1387 elephone number			
	E-mail address: (to be used	nde O. ho+ma? I for future annual report n	1. Com otification)		

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 6, 2016

JUAN PABLO CONDE 4810 NW 79TH AVENUE, AAPT 203 DORAL, FL 33166

SUBJECT: QUALIPAINT CORP. Ref. Number: W16000025296

We have received your document for QUALIPAINT CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 016A00006984

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

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CLE III PURPOS urpose for which the	<u>SE</u> e corporation is org	anized is:	Residential	and	Commercia
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Name and Title: Address Name and Title: Name and Title: Name and Title:	LOFFICERS AND JUAN PABLO 4810 NW Apt: 203	Course / Property Ave Doral F	Address: Name and Title: Address:		,

Name and	1 πιε:	Name and Title:	
Address		Address:	
	EGISTERED AGENT rida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	JUAN PABLO CONDE	-	
Address:	4810 NW 79 AVE	<u> </u>	
	Ap+#203		
ARTICLE VII II	NCORPORATOR		
The name and add	iress of the Incorporator is:		
Name:	JUAN PABLO CONDE 48/0 NW 79 AVE	_	
Address:			
	Apt #203	_	
Effective date, if of	ther than the date of filing:		
	nserted in this block does not meet the applicable ective date on the Department of State's record		nts, this date will not be listed as
Having been name this certificate, I an	ed as registered agent to accept service of proc n familiar with and accept the appointment as	ess for the above stated corp registered agent and agree to	oration at the place designated in act in this capacity
	Required Signature/Registered Agent		Date
I submit this docu document to the D	ment and affirm that the facts stated herein a epartment of State constitutes a third degree fel	re true. I am aware that the lony as provided for in s.817.	e false information submitted in a 155, F.S.
			03/21/2016
Require	d Signature/Incorporator		Date