

P/6000048768

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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JUL 1 2016  
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06/06/16

## COVER LETTER

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

**SUBJECT:** Quality and Assurance Technology Corp

(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:** Marcos Merced  
Name (Printed or typed)  
  
18 Marginwood Dr  
Address  
  
Ridge NY 11961  
City, State & Zip  
  
646 453 7119  
Daytime Telephone number  
  
lfoisey@qnatech.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: Quality and Assurance Technology Corp

### ARTICLE II PRINCIPAL OFFICE

Principal street address  
18 Marginwood Dr

Ridge NY 11961

Mailing address, if different is:

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: We are a value add software/ hardware reseller and service provider that can provide a complete solution .

### ARTICLE IV SHARES

The number of shares of stock is: 10,000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marcos Merced CEO

Name and Title: \_\_\_\_\_

Address 18 Marginwood Dr

Address: \_\_\_\_\_

Ridge NY 11961

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: Kenh Macvoy  
 Address: 10078 Cara St Spring Hill FL 34608

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is

Name: Marcos Merced  
 Address: 18 Maymwood Dr  
Ridge NY 11961

**ARTICLE VIII EFFECTIVE DATE**

Effective date, if other than the date of filing, \_\_\_\_\_ (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*

<u>[Signature]</u>	<u>5/24/2016</u>
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. 817.135, F.S.*

<u>[Signature]</u>	<u>5/24/2016</u>
Required Signature: Incorporator	Date

16 MAY 31 PM 1:01

FILED  
 MAY 31 2016  
 STATE OF FLORIDA  
 CLERK OF THE CIRCUIT COURT