

P16000080472

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16 OCT -3 AM 11:22  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

W, 10/4/16

## COVER LETTER

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

Unlimited comfort at your service

**SUBJECT:** \_\_\_\_\_  
(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      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: Orlando Quintas Nogues  
\_\_\_\_\_  
Name (Printed or typed)  
  
17845 SW 149th Ave  
\_\_\_\_\_  
Address  
  
Miami, Florida 33187  
\_\_\_\_\_  
City, State & Zip  
  
786-510-4582  
\_\_\_\_\_  
Daytime Telephone number  
  
lillianquintas@yahoo.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**

Unlimited comfort at your service Inc.

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

17845 SW 149th Ave

Miami, Florida 33187

**ARTICLE III PURPOSE**

Home Care, running errands , house cleaning and organizing

The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV SHARES**

50

The number of shares of stock is: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Orlando Quintas Nogues ( President)

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

Address 17845 SW 149th Ave

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

Miami, Florida 33187

Name and Title: Lilliana Maria Quintas Nogues (Vice Presic

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

Address 17845 SW 149th Ave

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

Miami, Florida 33187

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: \_\_\_\_\_  
Orlando Quintas Nogues

Address: \_\_\_\_\_  
17845 SW 149th Ave

\_\_\_\_\_ Miami, Florida 33187

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DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: \_\_\_\_\_  
Orlando Quintas Nogues

Address: \_\_\_\_\_  
17845 SW 149th Ave

\_\_\_\_\_ Miami, Florida 33187

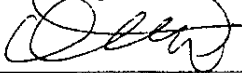
**ARTICLE VIII EFFECTIVE DATE:** 10/01/2016

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*



\_\_\_\_\_  
Required Signature/Registered Agent

09/28/2016

\_\_\_\_\_  
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.*



\_\_\_\_\_  
Required Signature/Incorporator

09/28/2016

\_\_\_\_\_  
Date