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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
G Q TRANSMISSION CORPORATION**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
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Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of GQ TRANSMISSION CORPORATION of Doc #
P11000010379 are the same owners of the attached articles of
incorporation. We have dissolved the company and have no intention of reopening it. Thank
you for your help in this matter.

Very Sincerely,

GABRIEL QUINTANA

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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: G Q TRANSMISSION CORPORATION

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:

600 NW 22ND AVE

600 NW 22ND AVE

MIAMI FL 33125

MIAMI FL 33125

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Building Rental

ARTICLE IV SHARES
The number of shares of stock is: 100 SHARES @ 1.00 PER VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | | | |
|-----------------|-----------------------------------|-----------------|-------|
| Name and Title: | <u>PRESIDENT GABRIEL QUINTANA</u> | Name and Title: | _____ |
| Address | <u>600 NW 22ND AVE</u> | Address: | _____ |
| | <u>MIAMI</u> | | _____ |
| | <u>FLORIDA 33125</u> | | _____ |

| | | | |
|-----------------|-------|-----------------|-------|
| Name and Title: | _____ | Name and Title: | _____ |
| Address | _____ | Address: | _____ |
| | _____ | | _____ |
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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: GABRIEL QUINTANA
 Address: 600 NW 22ND AVE
MIAMI FL 33125

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GABRIEL QUINTANA
 Address: 600 NW 22ND AVE
MIAMI FL 33125

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

X *Gabriel Quintana* _____ 10/17/2016
 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.817.155, F.S.

X *Gabriel Quintana* _____ 10/17/2016
 Required Signature/Incorporator Date

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