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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 3, 2016

MARIA M CASSIDY 644 EASTWIND DRIVE NORTH PALM BEACH, FL 33408

SUBJECT: QUEVEDO, INC Ref. Number: W16000074597

We have received your document for QUEVEDO, INC 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L15000075781.

Please return 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.

Matthew T Moon Regulatory Specialist II

Letter Number: 716A00023672

COVER LETTER

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

| SUBJECT: | The Original (PROPOSED CORPORAT | | | _ |
|-------------------------|--|--|--|---|
| Enclosed are an o | original and one (1) copy of the artic | eles of incorporation and | a check for: | |
| ☐ \$70.00 Filing Fee | • | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | □ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED | |
| FROM: | Maria M. Cassidy | (Printed or typed) | | |
| ı | 544 Eastwind Drive | | | |
| - | A | ddress | | |
|] | North Palm Beach, Florida 33408 | | | 16 KO |
| - | City, State & Zip | | | 国の |
| : | 561-236-2823 | | | 10 |
| _ | Daytime Telephone number | | | 150 A |
| r | nariamariac@hotmail.com | | | # · · · · · · · · · · · · · · · · · · · |
| _ | E-mail address: (to be used | for future annual report n | otification) | |

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)

| FICLE II PRIN | NCIPAL OFFICE Principal street address | Mailing addre | Mailing address, if different is: | |
|--|--|--|-----------------------------------|--|
| th Palm Beach, F | L 33408 | | | |
| FICLE III PUR purpose for which | Profession the corporation is organized is: | onal Corporation | | |
| | | | | |
| | | | NOV 22 | |
| | | | <u> </u> | |
| TICLE IV SHA | 1000 | | | |
| number of shares | IAL OFFICERS AND/OR DIRECTORS Maria M. Casaidy (President) | | 4 | |
| number of shares | of stock is: CIAL OFFICERS AND/OR DIRECTORS tle: 644 Eastwind Drive | Name and Title: | 4 | |
| number of shares FICLE V INIT Name and Ti | of stock is: IAL OFFICERS AND/OR DIRECTORS Maria M. Cassidy (President) | Name and Title: | , | |
| number of shares FICLE V INIT Name and Ti | Maria M. Cassidy (President) 644 Eastwind Drive North Palm Beach, FL 33408 | Name and Title: | , | |
| number of shares FICLE V INIT Name and Ti Address | Maria M. Cassidy (President) 644 Eastwind Drive North Palm Beach, FL 33408 | Name and Title: Address: Name and Title: | , | |
| number of shares FICLE V INIT Name and Ti Address Name and Tit | Maria M. Cassidy (President) 644 Eastwind Drive North Palm Beach, FL 33408 | Name and Title: Address: Name and Title: | , | |
| Name and Ti Address Name and Ti Address | Maria M. Cassidy (President) 644 Eastwind Drive North Palm Beach, FL 33408 | Name and Title: Address: Name and Title: Address: | | |

| Name a | and Title: | Name and Title: | <u> </u> |
|---|--|---|----------------------|
| Addres | ss | Address: | |
| | | | |
| | <u>REGISTERED AGENT</u> Florida street address (P.O. Box N O T accepta | able) of the registered agent is: | |
| Name: | Maria M. Cassidy | , , , | नं कि |
| Address: | 644 Eastwind Drive | ···· | 16 1601 22 |
| 1 Tudi Cabi | North Palm Beach, FL 33408 | | 22 |
| ARTICLE VII | <u>INCORPORATOR</u> | | Part 1 |
| The name and | address of the Incorporator is: | | <u> </u> |
| Name: | Maria M. Cassidy | | |
| Address: | 644 Eastwind Drive | | |
| | North Palm Beach, FL 33408 | | |
| Effective date, i (If an effective days after the i | I EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific and filing.) te inserted in this block does not meet the apple effective date on the Department of State's red | cannot be more than five business days pri icable statutory filing requirements, this date | |
| this certificate, | amed as registered agent to accept service of plant familiar with and accept the appointment of the appointm | t as registered agent and agree to act in this ca j b | pacity -25-16 Date |
| | ocument and affirm that the facts stated here Department of State constitutes a third degre | | ation submitted in a |
| $\underline{\hspace{1cm}}$ | ene H Cassidy | 10-6 | 25.16 |
| Req | uired Signature/Incorporator | | Date |