

P17000044240

Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
QUICK FUMIGATION INC**

Certificate of Status	0
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FEB 16 2017

T. SCOTT

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

ARTICLE I NAMEThe name of the corporation shall be: QUICK FUMIGATION INC**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address7401 NW 7TH STUNIT 4MIAMI, FLORIDA 33126

Mailing address, if different is:

7401 NW 7TH STUNIT 4MIAMI, FLORIDA 33126**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: FUMIGATION**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: PRESIDENT HECTOR SARAVIAAddress: 7401 NW 7TH STUNIT 4MIAMI, FLORIDA 33126Name and Title: SECRETARY HECTOR SARAVIAAddress: 7401 NW 7TH STUNIT 4MIAMI, FLORIDA 33126Name and Title: VICE-PRESIDENT HECTOR SARAVIAAddress: 7401 NW 7TH STUNIT 4MIAMI, FLORIDA 33126Name and Title: TREASURER HECTOR SARAVIAAddress: 7401 NW 7TH STUNIT 4MIAMI, FLORIDA 33126

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Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: HECTOR SARAVIA
Address: 7401 NW 7TH ST UNIT 4
MIAMI, FL 33126

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: HECTOR SARAVIA
Address: 7401 NW 7TH ST UNIT 4
MIAMI FL 33126

ARTICLE VIII EFFECTIVE DATE: 02/14/2017

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 days prior or 90 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 [Signature]
Required Signature/Registered Agent

02/14/2017

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 [Signature]
Required Signature/Incorporator

02/14/2017

Date

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