

PI80000 85406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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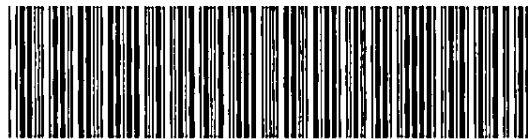
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 17 2018

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DIVISION OF CLERK OF COURT
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COVER LETTER

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

SUBJECT: QUALITY AND SAFETY CONSULTANT GROUP INC

(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: PEDRO PAREDES

Name (Printed or typed)

9221 CRESCENT DRIVE

Address

MIRAMAR FLORIDA 33025

City, State & Zip

(954) 392-8669

Daytime Telephone number

FPYSERVICES@COMCAST.NET

E-mail address: (to be used for future annual report notification)

18 OCT 17 AM 10:21
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DIVISION OF CORPORATIONS
DEPARTMENT OF STATE

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 SAFETY CONSULTANT GROUP INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

12417 NW 17 MANOR

PEMBROKE PINES, FL 33028

Mailing address, if different is:

12417 NW 17 MANOR

PEMBROKE PINES FL 33028

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL LEGAL BUSINESS PERMITTED BY LAW IN FLORIDA
STATE AND UNITED STATES OF AMERICA.

ARTICLE IV SHARES

The number of shares of stock is: 1000

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 OCT 17 AM 10:21

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSE L. VAZQUEZ GARCIA - PRESIDE

Address

12417 NW 17 MANOR

PEMBROKE PINES FL 33028

Name and Title: JOSE L VAZQUEZ GARCIA - TR/SE

Address:

12417 NW 17 MANOR

PEMBROKE PINES FL 33028

Name and Title: _____

Address

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

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: JOSE L. VAZQUEZ GARCIA
Address: 12417 NW 17 MANOR
PEMBROKE PINES FL 33028

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOSE L. VAZQUEZ GARCIA
Address: 12417 NW 17 MANOR
PEMBROKE PINES FL 33028

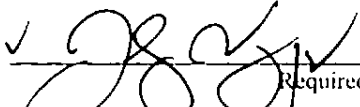
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

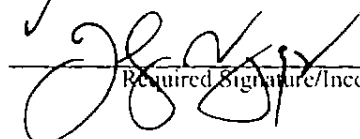
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

✓  _____ 10/07/2018
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.

✓  _____ 10/07/2018
Required Signature/Incorporator Date