

Division of Corporations

P19000032108

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : BUSINESS WORLD TRANSACTIONS, INC.
Account Number : 104512000707
Phone : (305)803-2736
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**FLORIDA PROFIT/NON PROFIT CORPORATION
CARLOS QUALITY COMFY, CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	01
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19-APR-16-PM-3:58
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

NAME

The name of the corporation shall be: CARLOS QUALITY COMFY, CORP.

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

738 SW ESTATE AVE
PORT ST LUCIE, FL 34953

ARTICLE III

PURPOSE

The purpose for which the corporation is organized is for 'Any and all lawful business'.

ARTICLE IV

SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000) shares of One Dollar (\$1.00) par value common stock, which shall be designated COMMON SHARES.

ARTICLE V

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CARLOS CARVAJALINO
738 SW ESTATE AVE
PORT ST LUCIE, FL 34953

Prepared by: CARLOS CARVAJALINO
738 SW ESTATE AVE
PORT ST LUCIE, FL 34953
305-401-8114

Electronically Sent By: BUSINESS WORLD TRANS
7951 S.W. 40 ST. (BIRD RD.) #201
MIAMI, FL. 33155
PH # (305) 267-4022

**ARTICLE VI
INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

CARLOS CARVAJALINO
738 SW ESTATE AVE
PORT ST LUCIE, FL 34953

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
16 day of APRIL, 2019.



Signature

**ARTICLE VII
OFFICER(S) AND DIRECTOR(S)**

The name(s) and street address(es) of the officer(s) and director(s) to these Articles of Incorporation is(are):

CARLOS CARVAJALINO
738 SW ESTATE AVE
PORT ST LUCIE, FL 34953

DIRECTOR & PRESIDENT



Signature

Signature

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: CARLOS QUALITY COMFY, CORP.

2. The name and address of the registered agent and office is:

CARLOS CARVAJALINO
738 SW ESTATE AVE
PORT ST LUCIE, FL 34953

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as

registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(SIGNATURE)

APRIL 16, 2019

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19-APR-16-PM-3:50

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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: Reina Figueroa Zabiris
 Address: 7435 Harding Ave Apt 202
Miami Beach FL 33141

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Reina Figueroa Zabiris
 Address: 7435 Harding Ave Apt 202
Miami Beach FL 33141

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

[Signature] _____ 04/16/2019
 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.

[Signature] _____ 04/16/2019
 Required Signature/Incorporator Date

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