

P20000031438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

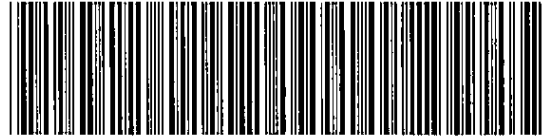
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2020 MAR 24 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

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

SUBJECT:

Quinpin Incorporated

(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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM:

Diahann D. Harris

Name (Printed or typed)

3740 N.W. 193th

Address

Miami Florida

City, State & Zip

305-625-1519

Daytime Telephone number

Harrisdee308@gmail.com

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

**NOTE: Please provide the original and one copy of the articles**

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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: Quin Prin Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3740 n.w. 193ter  
Miami, FL 33055

same.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: office Use

ARTICLE IV SHARES

The number of shares of stock is: 100

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TALLAHASSEE, FL

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Diahann Harris

Name and Title: Diahann D. Harris  
President

Address: 3740 n.w. 193ter  
Miami, FL 33055

Address: 3740 n.w. 193ter  
Miami, FL 33055

Name and Title: Same

Name and Title: Same

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Same

Name and Title: Same

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Same Name and Title: Same  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Diahann D. Harris  
Address: 3740 N. W 193 ter  
Miami, Florida

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Diahann Harris  
Address: 3740 N. W 193 ter  
Miami, Florida

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: March 9, 2020 (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*

Diahann D. Harris

Required Signature/Registered Agent

4-11-2020

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.*

Diahann D. Harris

Required Signature/Incorporator

Date 4/11/2020

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