## Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please "\*

Email Address:\_\_

## FLORIDA PROFIT/NON PROFIT CORPORATION MORIN QUALITY SERVICES, INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

J. FASON

OCT 1 5 2020

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Help

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME TO		
ARTICLE 1 NAME: The name of the corporation is:		
MOrin Quality Services, IN	C	-
ARTICLE II PRINCIPAL OFFICE:		
The principal street address and mailing address is:		
1400 NW 195T, APT 307		
- Miami FL 33125		
APTIM FIRE		
ARTICLE III SHARES: The number of shares of stock is:		
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:		
Nilda Cabrera Morin (P)		
	2020 OCT	
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	<u>*</u>	(2 to 1)
	9: 2	المحيوداً ا
The name and Florida street All (TO D	6	
The name and Florida street address (PO Box not acceptable) of the registered agent is:		
1400 NW 19 ST, APT 302		
Miami FL 33125		
1114111 16 35125		
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:		
Nilda Cabrera Morin		
1400 NW 19 ST APT 302		
Miami FL 133125		

## Required Signatures:

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

> 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

incorporator

Date