

10/30/2020

Division of Corporations

P20000085027  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000378140 3)))



H200003781403ABCZ

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : TPBS CORP  
Account Number : I20190000112  
Phone : (786)389-2779  
Fax Number : (305)356-3688

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

Email Address: inaissaquinones@yahoo.com

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**INAISSA QUINONES, P.A.**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

2020 OCT 30 PM 3:21  
FLORES  
STATE  
CLERK  
OF  
CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

H200003781403

**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: INAISSA QUINONES, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

12923 SW 48 ST

12923 SW 48 ST

MIAMI, FL 33175

MIAMI, FL 33175

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: REAL ESTATE

**ARTICLE IV SHARES**

The number of shares of stock is:

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: INAISSA QUINONES PRESIDENT

Name and Title:

Address 12923 SW 48 ST

Address:

MIAMI, FL 33175

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

H200003781403

H200003781403

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: INAISSA QUINONES

Address: 12923 SW 48 ST

MIAMI, FL 33175

**ARTICLE VII INCORPORATOR**

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

Name: INAISSA QUINONES

Address: 12923 SW 48 ST

MIAMI, FL 33175

**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*

<u>2462</u>	<u>10/30/2020</u>
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.*

<u>2462</u>	<u>10/30/2020</u>
Required Signature/Incorporator	Date

H200003781403