## P200000 94340

(Requestor	's Name)			
(Address)				
(Address)				
(City/State/	Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies C	ertificates of Status			
Special Instructions to Filing Officer:				





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## Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



## **ORDER FORM**

Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

Please bill the above referenced account for this order.

Sincerely

If you have any questions please contact me at 656-7956,

FROM Melissa Stops mstops@incserv.com 850.656.7953

REQUEST DATE 12/8/2020 PRIORITY Routine OUR REF.#\_(Order ID#) 874715

ORDER ENTITY
QUALITY MODULAR & MOBILE HOME SALES INC.

PLEASE PERFORM THE FOLLOWING SERVICES:
QUALITY MODULAR & MOBILE HOME SALES INC. (FL)
Please file the attached articles and provide a certified copy.

NOTES:
\$78.75 Authorized
Email address for annual report reminders: jim@weinbergpc.com

RETURN/FORWARDING INSTRUCTIONS:
ACCOUNT NUMBER: 1200500000052

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, December 8, 2020 Page 1 of 1

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE 1 NAM.	E CHATTEN MODILIA	D C MODITE HOME	CALEC TMC		
The name of the corpor	nation shall be: QUALITY MODULA	R & MOBILE HOME	SALES INC.		
<u>ARTICLE II PRIN</u>					
1415 Main St	Principal <u>street</u> address reet	Madinga 1415 Main S	Mailing address, if different is:  1415 Main Street		
Lot 452		L <u>ot 452</u>	<u> </u>		
Dunedin, FL	34698	Dunedin, FI	34698		
<u>ARTICLE III PURI</u>	the corporation is organized is:Anyi		ousiness		
			2		
<u>ARTICLE IV</u> SHAI			20 DEC -9		
<u>ARTICLE V INITI</u>	AL OFFICERS AND/OR DIRECTORS		AH		
Name and Tit	le: Michael, Mauro, Dir.	Name and Title:			
Address	1415 Main Street	Address:	ω ————————————————————————————————————		
	Lot 452	<del>.</del>			
	Dunedin, FL 34698	<u> </u>			
Name and Titl	c:	Name and Title:			
Address		Address:			
Name and Title	e:	Name and Title:			
Address		Address:			

Name an	d Title:	Name and Title:
Address		
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of	f the registered agent is:
Name:	Michael Mauro	· -
Address:	1415 Main Street, Lot 452	-
	Dunedin, FL 34698	_
ARTICLE VII	INCORPORATOR	
	ddress of the Incorporator is:	
Name:	Lawrence A. Kirsch	-
Address:	90 State Street, Suite	315
	Albany, New York 12207	-
ARTICLE VIII	EFFECTIVE DATE:	
Effective date, if (If an effective of filing.)	other than the date of filing:date is listed, the date must be specific and cannot	(OPTIONAL) of be more than five days prior or 90 days after the
Note: If the date	e inserted in this block does not meet the applicable	statutory filing requirements, this date will not be listed a
the document's e	effective date on the Department of State's records.	
Having been nar certificate, I am	ned as registered agent to accept service of process f familiar with and accept the appointment as registed	or the above stated corporation at the place designated in the red agent and agree to act in this capacity
Michae	Mauro	12/08/2020
<i>A</i> . O	Required Signature/Registered Agent	Date
I submit this do document to the	cument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a v as provided for in s.817.155. F.S.
$\mathcal{J}$	arrence Or Krisch	12/08/2020
Required Signat	ure/Incorporator	Date 1270072020