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 : 120000000019 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 QUALITY BROKERS SERVICES CORP

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

FEB-1-1-2021

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

Quality Brokers SERVICES CORP	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
MI an 1 5 33177	
ARTICLE III SHARES: The number of shares of stock is:	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICER S:	
Autonio Lopez (P)	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	•
The name and Florida street address (PO Box not acceptable) of the registered agent is	5:
Antonio Lopez	
13522 5w 179 St	
- ·	
Mlami F1 33177	
The name and address of the Incorporator is	۲,
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is	
Antonio Lopez	
13522 Sw 179 St	
Widm: x1 33177	

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

02-10-2021

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.

Incorporator

02-10-2021

Date

2021 FEB 10 AH 5: LE