

3/2/2021

Division of Corporations

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

From: Account Name : ALEX PINA CO.
Account Number : I20190000095
Phone : (305)803-8471
Fax Number : (305)602-3977

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

Email Address: clfont@alexpina.co

FLORIDA PROFIT/NON PROFIT CORPORATION
Quality Auto Repairs Shop Co
~~Quality Auto Services Co~~

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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March 3, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ALEX PINA CO.

SUBJECT: QUALITY AUTO SERVICES CO
REF: W21000029361

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

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If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

FAX Aud. #: H21000084360
Letter Number: 021A00004518

20210303 09:06:57

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: Quality Auto Repairs Shop Co

ARTICLE II PRINCIPAL OFFICE

Principal street address: 2699 Old Winter Garden Rd Mailing address, if different is:

Orlando, FL 32805

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any And All Lawful Purpose

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Euclides D Corona Gutierrez - President</u>	Name and Title:	<u>Jose R Sandoval Martinez - Vicepresident</u>
Address:	<u>2699 Old Winter Garden Rd</u>	Address:	<u>2699 Old Winter Garden Rd</u>
	<u>Orlando, FL 32805</u>		<u>Orlando, FL 32805</u>

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____

2021-03-08 14:36:57

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: Alex Pina Co
 Address: 8400 NW 36th St Ste 450
Doral, FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Euclides D Corona Gutierrez
 Address: 2699 Old Winter Garden Rd
Orlando, FL 32805

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

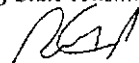


03 / 01 / 2021

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.



03 / 01 / 2021

Required Signature/Incorporator

Date