

Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

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

Email Address: JASONF@FARBERCPA.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION
QC HOLDINGS INC.**

| | |
|-----------------------|---------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 03 |
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FILED

21 JUL -8 PM 2:55

2021 JUL -8 AM 8:46

8/7/21

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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: QC HOLDINGS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2778 SOUTH OCEAN BLVD. APT. 407S
PALM BEACH, FL 33480

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REAL ESTATE INVESTMENTS / HOLDINGS

ARTICLE IV SHARES

The number of shares of stock is: 1,500 SHARES AT NO PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: YAU CHENG - CEO / DIRECTOR

Address: 2778 SOUTH OCEAN BLVD. APT. 407S
PALM BEACH, FL 33480

Name and Title: WILLIAM QUINN - DIRECTOR

Address: 2778 SOUTH OCEAN BLVD. APT. 407S
PALM BEACH, FL 33480

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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 SECRETARY OF STATE
 PALM BEACH, FL 33480

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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: WILLIAM QUINN

Address: 2778 SOUTH OCEAN BLVD. APT. 407S

PALM BEACH, FL 33480

ARTICLE VII INCORPORATOR

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

Name: WILLIAM QUINN

Address: 2778 SOUTH OCEAN BLVD. APT. 407S

PALM BEACH, FL 33480

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

Required Signature/Registered Agent

JULY 7, 2021

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.

Required Signature/Incorporator

JULY 7, 2021

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA