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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
QMP CORP

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

AUG 05 2021
T. SCOTT

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

ARTICLE I NAMEThe name of the corporation shall be: QMP CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address
1691 SW 122 COURT APT G106
MIAMI FL 33175

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: GIOVANNY DUQUEAddress: 1691 SW 122 COURT APT G106
MIAMI FL 33175Name and Title: PRESIDENT

Address:

Name and Title: STEVEN DUQUEAddress: 1691 SW 122 COURT APT G106
MIAMI FL 33175Name and Title: VICE PRESIDENT

Address:

Name and Title:

Address:

Name and Title:

Address:

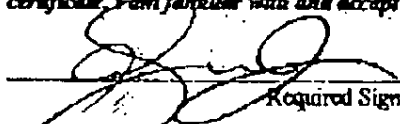
Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: GIOVANNY DUQUEAddress: 1691 SW 122 COURT APT G106MIAMI FL 33175**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: GIOVANNY DUQUEAddress: 1691 SW 122 COURT APT G106MIAMI 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 named corporation as 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

07-28-2021

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.*GIOVANNY DUQUE07-28-2021

Required Signature/Incorporator

Date