

8/27/2021

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Division of Corporations
Florida Department of State
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

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

Email Address: client@alexpina.co

FLORIDA PROFIT/NON PROFIT CORPORATION
Quality Equipment Rental Inc

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

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

Quality Equipment Rental Inc

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

9450 NW 58 ST STE 108 Principal street address

Mailing address, if different is: _____

Doral, FL 33178

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: **Ginnette Ortega - President**

Name and Title: _____

Address **11350 NW 72nd LN**

Address: _____

Doral, FL 33178

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ 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: Alex Pina Co.Address: 8400 NW 36th St Ste 450Doral, FL 33166**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: Ginnette OrtegaAddress: 11350 NW 72nd LNDoral, FL 33178**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: _____ (OPTIONAL)

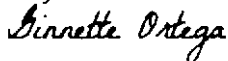
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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 Agent08/27/2021_____
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/Incorporator08/27/2021_____
Date