Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210003351013)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

ලා

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

QualityPro Restoration Corp

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

Electronic Filing Menu Corporate Filing Menu

Help

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

e name of the corporati	ion shall be: QualityP	ro Restoration Corp	
RTIÇLE II PRINC		Mailing addre	ess, if different is:
eral E1 22470			
oral, FL 33178			
IRTICLE III PURPO The purpose for which the	OSE  10 corporation is organized is:	Any And All Lawful Purposes	
	-		
			- , - 1 - 1
RTICLE IV SHARE	ES		- 10
he number of shares of s		<del></del>	(
			<u> </u>
<u>irticle v _ initia</u>	LOFFICERS AND/OR DIRECTORS  Pascual A Simonelli - President		<u>ਓ</u> ਹਾ
Name and Title	:	Name and Title:	<u> </u>
Address	10700 NW 66th St Apt 403	Address:	······································
	Doral, FL 33178		·
Name and Title:		Name and Title:	
Address			
Name and Title:		Name and Title:	
Address		Address:	

Name and T	Fitle:	Name and Title:		
Address				
	<u>[GISTERED AGENT]</u> i <mark>da street address</mark> (P.O. Box NOT accept	able) of the registered agent is:		
Name:	Alex Pina Co.	<del></del>		
Address:	8400 NW 36th St Ste 450			
-	Doral, FL 33166			
ARTICLE VII IN	<u>CORPORATOR</u>			
	ress of the Incorporator is:			
Name:	Pascual A Simonelli			
Address:	10700 NW 66th St Apt 403			
	Doral, FL 33178			
ARTICLE VIII E	FFECTIVE DATE:			
Effective date, if off (If an effective data filling.)	her than the date of filing: e is listed, the date must be specific and	cannot he more than five days	L) prior or 90 days after the	
· · · · · · · · · · · · · · · · · · ·	serted in this block does not meet the appretive date on the Department of State's re		nts, this date will not be listed as	
	l as registered agent to accept service of pr viliar with and accept the appointment as t l De-			
	Af		09/08/2021	
_	Required Signature/Registered Age	111	Date	
I submit this docum document to the De	nent and affirm that the facts stated here partment of State constitutes a third degre	in are true. I am aware that the e felony as provided for in s.XI7.I	false information submitted in a 55, F.S.	
	- Lan H.		09/08/2021	
Required Signature/Incorporator			Date	

2021-09-13 18:26:27 GM1

To: +18506176381

Page: 4 of 4