

P21000087569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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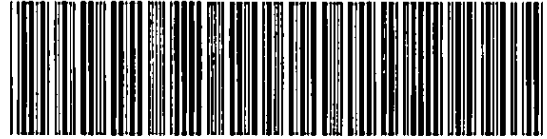
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*10/8/21*

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SECRETARY OF STATE  
TALLAHASSEE, FL

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## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: QM Continuing Education, Inc  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: Consuelo Valladares  
Name (Printed or typed)

4818 Coronado Parkway, Ste 8  
Address

Cape Coral, FL 33904  
City, State & Zip

561-951-2315  
Daytime Telephone number

cvalladareslemus78@gmail.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FL 32314

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**NOTE: Please provide the original and one copy of the articles.**

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: QM Continuing Education Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

4818 Corona Parkway, Ste 8

Cape Coral, FL 33904

Mailing address, if different is:

249 Sandpiper Ave

Royal Palm Beach, FL 33411

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all law ful business

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Consuelo Valladares, President

Name and Title:

Address 249 Sandpiper Ave

Address:

Royal Palm Beach, FL 33411

Name and Title:

Name and Title:

Address

Address:

Name and Title

Name and Title:

Address

Address:

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TALLAHASSEE, FL

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: Consuelo Valladares

Address: 4818 Coronado Parkway, Ste 8

Cape Coral, FL 33904

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Consuelo Valladares

Address: 249 Sandpiper Ave

Royal Palm Beach, FL 33411

**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*

Consuelo Valladares

Required Signature/Registered Agent

09/21/2021

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.*

Consuelo Valladares

Required Signature Incorporator

09/21/2021

Date

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