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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Q & A USA, CORP.				
				
			_	
				Amada, File
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature	_ _			Fictitious Owner Search
				Vehicle Search
				Driving Record
Requested by: SETH	04/05/22			UCC 1 or 3 File
	$\frac{04/05/22}{9}$			UCC 11 Search
Name	Date	Time]	UCC Retrieval
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COVER LETTER

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

SUBJECT: Q & A M CONTROLLE CONTROLLE	SA, Cor	ρ.
(PROPOSED CORPORA	LE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	d a check for:
□ \$70.00 □ \$78.75 Filing Fee Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of
	ADDITIONAL CO	Status DPY REQUIRED
FROM: DOYDON C	(Printed or typed)	•
4500 Le	Teune B	oad
COYAL GABLE	s, Florie	0A 33146
305-661-1	State & Zip S 6 6 Elephone number	****

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)

The name of the corporation shall be:	COYP.
ARTICLE II PRINCIPAL OFFICE Principal street address	Market and the second
4500 Le Jeune Road COYAL Gables, F/ 33146	Mailing address, if different is:
The purpose for which the corporation is organized is: ANTICLE III PURPOSE	ALL LAWFUL
	2022 API
	AHASSE P
ARTICLE IV SHARES The number of shares of stock is: 100	E SPATE
Name and Title: 908000 C WATE BA Name and Title	
Address 4500 Le Jeune Road Address: COYAL Gables, FL 33146	
Name and Title: SOLDON C. WATT, Prosider Ame and Title	
Address 4500 Le Je UNE Road Address: COXAL Gables, FL 33146	
Name and Title: Or DON C. WAST VP Name and Title:	
Address 4500 Le Jeyne Boadadress: COYAL Gables, FL 33146	

Name and	litle:	Name and Title:	
Address			
			
		<u> </u>	
ADTICLE W. Dr	Clerence Acove		
The name and Flori	GISTERED AGENT da street address (P.O. Box NO	T acceptable) of the registered agen	t is:
Name:	GOYDON C. 1	1) 4	
_	1/1000		L
Address:	1500 11, 11	eune Road	SEC
_	COYAL JAbles	<u>, FL 33146</u>	2
	/	, ,	至 5
ARTICLE VII IN	CORPORATOR		
The name and addre	ess of the Incorporator is:		SSEE. S
Name:	GORDON C.	11)ATT	
	4/500/0	LUNE BOAD	
Address:	2 10 17	LUNETOAK	
	COYAL JABLE	5, 1-6 33/46	
ARTICLE VIII EF	FECTIVE DATE: er than the date of filing:		
(If an effective date	is listed, the date must be spec	. (OPT ific and cannot be more than five	TONAL) e days prior or 90 days after the
filing.)	·		and provide an object the
Note: If the date inse	erted in this block does not meet	the applicable statutory filing requ	pirements, this date will not be listed as
the document's effec	tive date on the Department of S	tate's records.	
Having been named a	is registered agent to accept servi	ice of process for the above stated a	orporation at the place designated in thi
certificute, I am fumil	iar with and accept the appointm	tent as registered agent and agree t	o act in this capacity
	M/ (ccom)	uid ==	04/05/2m
1	Required Signature/Register	red Agent	<u> </u>
I submit this docume	nt and affirm that the facts stat	ed herein are true I am aware th	at the false information submitted in a
document to the Depa	rtment of State constitutes a thir	d degree felony as provided for in s	.817.155, F.S.
·	Ill GOLDON C.		Date 04/05/20.
Required Signature fir	corporator	UV II /	Date 1/10/00
\/ ,	•		/ /