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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : WF TAXES AND MORE INC.
Account Number : I20200000043
Phone : (772)879-0010
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: wf taxes more@gmail.com

2022 JUL 21 PM 3:18

FLORIDA
DIVISION OF
CORPORATIONS

FLORIDA PROFIT/NON PROFIT CORPORATION JQ INSULATIONS INC

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

2022 JUL 21 AM 12:57

RS

COVER LETTER

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

SUBJECT: JQ INSULATIONS 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 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

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

ADDITIONAL COPY REQUIRED

FROM: JOSE O QUINONES
Name (Printed or typed)
713 SW AVENS ST
Address
PORT ST LUCIE, FL 34983
City, State & Zip
772-342-2320
Daytime Telephone number
WFTAXES.MORE@GMAIL.COM
E-mail address: (to be used for future annual report notification)

2023 JUL 21 AM 12:57

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: JQ INSULATIONS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
713 SW AVENS ST
PORT ST LUCIE, FL 34983

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LEGAL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSE O QUINONES, PRESIDENT

Address: 713 SW AVENS ST

PORT ST LUCIE, FL 34983

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

2023 JUL 21 AM 2:57

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: JOSE O QUINONES
 Address: 713 SW AVENS ST
PORT ST LUCIE, FL 34983

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: WALTER GOMEZ
 Address: 508 SW PORT ST LUCIE BLVD
PORT ST. LUCIE, FL 34953

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.

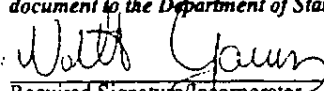
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


 Required Signature/Registered Agent

07/18/2022

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/Incorporator

07/18/2022

Date

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