

P23000044534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

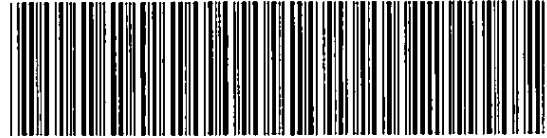
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: Quinonez Management Group, Inc.

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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From: Samantha Jackson

Name (printed or typed)

PO Box 52588

Address

Mesa AZ 85208

City, State & Zip

720.318.8456

Daytime Telephone Number

meriamfinancial@gmail.com

E-mail address: (to be used for future annual report notification)

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STATE
TALLAHASSEE, FL

FILED

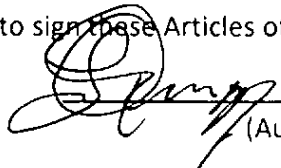
1-22000005074

Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, Lester Quinonez, President
(Name) (Title)
of Quinonez Management Group, Inc., a foreign
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of
Domestication.

1. Then name of the domesticating corporation is Quinonez Management
Group, Inc. (Foreign Corporation)
2. The jurisdiction and date of its formation is Texas - 11.02.2018
3. The name of the domesticated corporation is Quinonez Management Group, Inc.
4. The jurisdiction of formation of the domesticated corporation is **Florida**
5. The domestication corporation is a foreign corporation and the domestication was
approved in accordance with its organic law.
6. Attached are Florida Articles of Incorporation to complete the domestication
requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.


(Authorized Signature)

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TALLAHASSEE, FL

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Quinonez Management Group, Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address

820 Lavers Circle Apt G109

Delray FL 33444

Mailing Address

820 Lavers Circle Apt G109

Delray FL 33444

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Promotional marketing and consulting

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 100

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX **NOT** ACCEPTABLE) OF THE REGISTERED AGENT

Lester Quinonez

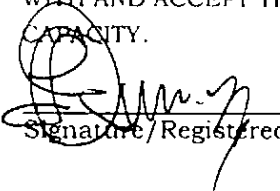
820 Lavers Circle Apt G109

Delray FL 33444

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STATE
LAKEVIEW, FL

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HAVING BEEN NAMED AS REGISTERED AGENT AND 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.



Signature/Registered Agent

05/15/2023

Date

ARTICLE V DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Name & Title: President - Lester Quinonez
Address: 820 Lavers Circle Apt G109
Delray FL 33444

Name & Title: Secretary - Lester Quinonez
Address: 820 Lavers Circle Apt G109
Delray FL 33444

Name & Title: Treasurer - Lester Quinonez
Address: 820 Lavers Circle Apt G109
Delray FL 33444

Name & Title: Director - Lester Quinonez
Address: 820 Lavers Circle Apt G109
Delray FL 33444

Name & Title: _____
Address: _____

Name & Title: _____
Address: _____

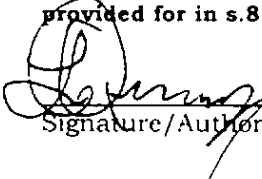
Name & Title: _____
Address: _____

Name & Title: _____
Address: _____

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DEPT. OF STATE
TALLAHASSEE, FL

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I submit this document and affirm that the facts stated herein are true. I am aware that 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.



Signature/Authorized Person

05/15/2023
Date