

P23000068530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

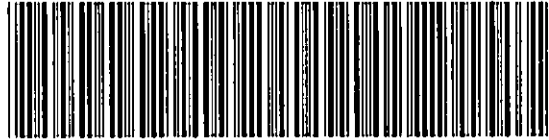
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JUDICIAL CIRCUIT IN AND FOR
FLORIDA

2023

9:48

ED

16

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 010036 4366930

AUTHORIZATION :

COST LIMIT : \$128.75

[Handwritten signature]

ORDER DATE : September 20, 2023

ORDER TIME : 9:21 AM

ORDER NO. : 010036-005

CUSTOMER NO: 4366930

DOMESTIC AMENDMENT FILING

NAME: QUALITY SYSTEMS CONSULTING
SERVICES, INC.

EFFECTIVE DATE:

ARTICLES OF AMENDMENT
XX RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: Articles of Domestication - Quality Systems Consulting Services, 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	<u>\$ 78.75</u>
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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From: Michael Salad, Esquire

Name (printed or typed)

1580 Sawgrass Corporate Parkway, Suite 130

Address

Sunrise, Florida 33323

City, State & Zip

954-889-1850

Daytime Telephone Number

kkopervos@cooperlevenson.com

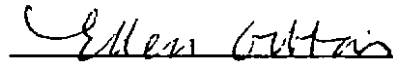
E-mail address: (to be used for future annual report notification)

Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, Ellen Gibbons Secretary
(Name) (Title)
of Quality Systems Consulting Services, 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 Quality Systems Consulting Services, Inc.
(Foreign Corporation)
_____.
2. The jurisdiction and date of its formation is Massachusetts; January 6, 2011
3. The name of the domesticated corporation is Quality Systems Consulting Services, 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)

2023 11 9 4:38

310

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

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Quality Systems Consulting Services, Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

2700 NE 47th St. Lighthouse Point, Florida 33064

Mailing Address

2700 NE 47th St. Lighthouse Point, Florida 33064

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Any and all lawful business

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 1000

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

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

Michael Salad, Esquire

1580 Sawgrass Corporate Parkway, Suite 130

Sunrise, Florida 33323

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.

Michael Salad
Signature/Registered Agent

09/20/2023

Date

ARTICLE V DIRECTORS AND/ OR OFFICERS

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

Name & Title: Lawrence Gibbons President

Address: _____

2700 NE 47th St.

Lighthouse Point, Florida 33064

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: Ellen Gibbons Treasurer & Secretary

Address: _____

2700 NE 47th St.

Lighthouse Point, Florida 33064

Name & Title: _____

Address: _____

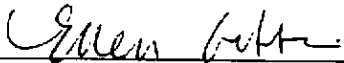
Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

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

7/1/23
Date

817:6

817:6

03