Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

Account Name : RCA ACCOUNTING SERVICES CORP

Account Number : I20180000102 Phone : (305)799-7633 Fax Number : (305)564-6857

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION **QUINCESMILE GROUP CORP**

| Certificate of Status | |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
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11/17/23

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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: QUINCESMILE GR | ROUP CORP |
| ARTICLE II PRINCIPAL OFFICE | |
| Principal street address | Mailing address, if different is: |
| 11423 Willow Gardens Dr, Windermere, FL 34786 | SAME AS PRINCIPAL |
| ARTICLE III PURPOSE | |
| The purpose for which the corporation is organized is: | |
| ANY AND ALL LAWFUL BUSINESS | |
| ARTICLE IV SHARES The number of shares of stock is:100 | ·· |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS | |
| Name and Tirle: Jairo David Quintana Orjuela /P | |
| Address: 11423 Willow Gardens Dr | |
| Windermere, FL 34786 | |
| Name and Title: Diana Milena Cepeda Castro /VP | |
| Address: 11423 Willow Gardens Dr | |
| Windermere, FL 34786 | F. 6 |

2023 HOV 16 PM 12: 40

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name Jairo David Quintana Orjuela

Address: 11423 Willow Gardens Dr Windermere, FL 34786

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jairo David Quintana Orjuela

Address: 11423 Willow Gardens Dr Windermere, FL 34786

| ART | ICLE | VII | IEI | FF | ECT | <u>VE</u> | D,A | <u>TE:</u> | |
|-----|------|-----|-----|----|-----|-----------|-----|------------|---|
| | | _ | | | | | | ~ ~ | _ |

Effective date, if other than the date of filing: O1./O1/2024 _____. (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.)

<u>Note:</u> 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 U 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.81215.

Required Signature/Incorporator

Date