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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800423174718

2024 FEB 15 PM 3: 57

Incorporating Services, Ltd.

incserv°

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com

850.656.7953

REQUEST DATE | 2/15/2024

PRIORITY Regular Approval

OUR REF_#_(Order_ID#); 1230596

ORDER ENTITY

QTL SUPPLY CORP

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QTL SUPPLY CORP (FL)

New corp filing

NOTES: _____ \$70.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Thursday, February 15, 2024

Page 1 of 1

COVER LETTER

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

SUBJECT: QTL Supply Corp

sed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	i a check for:
≅ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$87.50 Filing Fee. Certified Copy & Certificate of Status
FROM: KA	AYLYN POIRIER Nam	e (Printed or typed)	
	NYLYN POIRIER Nam 5 W Prospect Road	e (Printed or typed)	
67	Nam 6 W Prospect Road		SECKE TALL
67	Nam 6 W Prospect Road rt Lauderdale, FL 33309	e (Printed or typed)	SECRETARY OF STA

NOTE: Please provide the original and one copy of the articles.

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

DTICLE II DDIA			
	FCIPAL OFFICE Principal <u>street</u> address	Mailing a	ddress, if different is:
389 NW 107th A oral Springs, FL 3	ve 3076		
TICLE III DIIDI	POSE		
e purpose for which	the corporation is organized is: Auto P	rans Sale	
DTICLE II. CIL	DEC		
RTICLE IV SHAL ne number of shares o	of stock is: 100		
<u>rticle v initi</u>	IAL OFFICERS AND/OR DIRECTORS		6.1
		Name and Title:	2024 SEC
Name and Tit	Ide: Joseph Catapano- Pres		TEB TEB
	Joseph Catapano- Pres 5389 NW 107th Ave	Name and Title:Address:	REB 15
Name and Tit	Ide: Joseph Catapano- Pres		REB 15 P
Name and Tit	Joseph Catapano- Pres 5389 NW 107th Ave		FEB 15 PH
Name and Tit	5389 NW 107th Ave Coral Springs, FL 33076	Address:	FEB 15 PH 3: 5
Name and Tit	5389 NW 107th Ave Coral Springs, FL 33076	Address:	FEB 15 PH
Name and Tit	5389 NW 107th Ave Coral Springs, FL 33076	Address: Name and Title:	FEB 15 PH 3: 5
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Name and Tit Address Name and Titl	Sassing States 5389 NW 107th Ave Coral Springs, FL 33076	Address: Name and Title:	FEB 15 PH 3: 5
Name and Tit Address Name and Titl	Sassing States 5389 NW 107th Ave Coral Springs, FL 33076	Address: Name and Title: Address:	FEB 15 PH 3: 5
Name and Tit Address Name and Titl Address	Sassing States 5389 NW 107th Ave Coral Springs, FL 33076	Address: Name and Title: Address:	FEB 15 PH 3: 57 REJUNA OF STATE LLUMA SER. FL
Name and Tit Address Name and Titl Address	Source: Joseph Catapano- Pres 5389 NW 107th Ave Coral Springs, FL 33076	Address: Name and Title: Address:	FEB 15 PH 3: 57 REJUNA OF STATE LLUMA SER. FL
Name and Tit Address Name and Titl Address	Sassing States 5389 NW 107th Ave Coral Springs, FL 33076	Name and Title: Name and Title: Name and Title:	FEB 15 PH 3: 57 REJUNA OF STATE LLUMA SER. FL
Name and Titl Address Name and Titl Address	Sassing States Sassing Stat	Name and Title: Name and Title: Name and Title:	FEB 15 PH 3: 57 REJUNIOR STATE LLA HAMSEN, FL

Name and	Title:	_ Name and Title:	_ .
Address		Address:	
		_	
	EGISTERED AGENT rida street address (P.O. Box NOT acceptable) o	of the registered agent is:	
Name:	Joseph Catapano	_	
Address:	5389 NW 107th Ave	_	
	Coral Springs, FL 33076	_	
ARTICLE VII J	<u>NCORPORATOR</u>		
The name and ado	dress of the Incorporator is:		
Name:	Joseph Catapano		
Address:	5389 NW 107th Ave		
	Coral Springs, FL 33076	_	
mee	EFFECTIVE DATE: ther than the date of filing:	(OPTIONAL)	20 0
(If an effective da filing.)	ther than the date of filing: te is listed, the date must be specific and cann	ot be more than five days pri	or or 90 daysafter the
the document's eff	nserted in this block does not meet the applicable fective date on the Department of State's records		this date will not pristed as
Having been name certificate, I am fai	ed as registered agent to accept service of process miliar with and accept the appointment as registe	for the above stated corporation red agent and agree to act in th	at the place designated in this is capacity.
Joseph	Catapano Required Signature/Registered Agent		02/15/2024
0 "	Required Signature/Registered Agent		Date
	ment and affirm that the facts stated herein ar epartment of State constitutes a third degree felo		
Joseph Co	atapano		02/15/2024
Required Signature	e/Ineorporator	Date	