

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the first authentication number (shown below) on the top of each page of the document.

(((H24000274595 3)))



H240002745953ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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
A & E QUALITY CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED

2024 AUG 15 PM 5:19

CORPORATIONS
COMMERCIAL
SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2024 AUG 15 PM 2:16

P

MS

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

EIN: 99-4462387

ARTICLE I NAME: The name of the corporation is:A & E Quality Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

520 SHARAR AVEOPA LOCKA, FL 33054**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**EDUARDO DE LA CRUZ - PANIELICA V BUSTOS - Sec**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

EDUARDO DE LA CRUZ520 SHARAR AVE.OPA LOCKA 33054**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:EDUARDO DE LA CRUZ520 SHARAR AVEOPA LOCKA FL 33054FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2014 AUG 15 PM 2:16

Required Signatures:

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

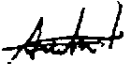


Registered Agent

8-13-24

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.



Incorporator

8-13-24

Date