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

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Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
QUALITY SERVICES EXPRESS INC

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

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Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Quality Services Express Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

1850 Sw 8thSuite #501Miami FL 33135**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Yordani Roman Sotolongo (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Yordani Roman Sotolongo1850 Sw 8th Suite #501Miami FL 33135**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Yordani Roman Sotolongo1850 Sw 8th Suite #501Miami FL 33135

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.

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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 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 Date

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