

Pa500003853

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 fax audit number (shown below) on the top and bottom of all pages of the document.

((H25000022864 3)))



H250000228643ABCS

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)352-5973
Fax Number : (305)675-5944

Handwritten signature and date 1/25

****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
NQO STARSERVICES CORP.**

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

RECEIVED

2025 JAN 21 AM 10:09

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE
TALLAHASSEE, FL

2025 JAN 21 AM 1:50

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:NQO StarServices Corp.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

3446 SW 8th StSuite #209 Miami Florida33135**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Niurka Quintero ONZUNA (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

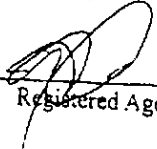
Niurka Quintero ONZUNA3446 SW 8th St Suite #209Miami Florida 33135**ARTICLE VI INCORPORATOR:** The name and address of the incorporator is:Niurka Quintero ONZUNA3446 SW 8th St Suite #209Miami Florida 33135SECRETARY OF STATE
TALLAHASSEE, FL

2025 JAN 21 AM 1:50

FILED

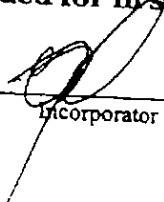
Required Signatures:

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

FILED
2025 JAN 21 AM 1:50
SECRETARY OF STATE
TALLAHASSEE, FL