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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

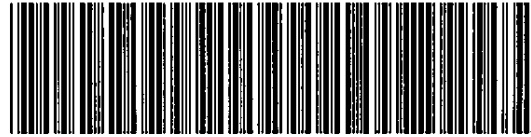
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

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COVER LETTER

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

SUBJECT: QUICK SERVICES AND PARTICIPATION CORP
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input checked="" type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED			

FROM: Irene Hernandez, c/o Quick Services and Participation Corp.
Name (Printed or typed)

P. O. Box 43-0456
Address

South Miami, FL 33243
City, State & Zip

Daytime Telephone number

irenehernandez24@gmail.com
E-mail address: (to be used for future annual report notification)

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

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: QUICK SERVICES AND PARTICIPATION CORP

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

110 MERRICK WAY, SUITE 3-B

P.O. BOX 43-0456

CORAL GABLES, FL 33134

SOUTH MIAMI, FL 33243

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: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Fernando S. Fontoura P/D

Name and Title: Rodolfo Hernandez V-P/Asst. S/D

Address: P. O. BOX 43-1021

Address: P. O. BOX 43-1021

SOUTH MIAMI, FL 33243

SOUTH MIAMI, FL 33243

Name and Title: Irene Hernandez S/D

Name and Title: _____

Address: P. O. BOX 43-1021

Address: _____

SOUTH MIAMI, FL 33243

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: J. Patrick Fitzgerald & Associates. P.A. _____

Address: 110 Merrick Way, Suite 3-B _____

Coral Gables, FL 33134 _____

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: J. Patrick Fitzgerald, Esq. _____

Address: 110 Merrick Way, Suite 3-B _____

Coral Gables, FL 33134 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: 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 file for the appointment as registered agent and agree to act in this capacity

J. Patrick Fitzgerald _____

Required Signature/Registered Agent

7/18/16

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.

J. Patrick Fitzgerald _____

Required Signature/Incorporator

7/18/16

Date