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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : I20080000045

Phone : (302)645-7400 Fax Number : (302)645-1280

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

legal@lazo.us Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION

Just Quality Corp.

Certificate of Status	0
Certified Copy	1
Page Count	03
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

RTICLE 1 NAME to name of the corpora	Just Quality Corp.	** ** **
RTICLE II PRIN	<u>CIPAL OFFICE</u> Principal <u>street</u> address	Mailing address, if different is:
762 Verona Lake	Dr. Weston, FL, 33326	
	the corporation is organized is:	
chnical inspection	on for trading goods, Trading consultin	g, and Logistics services
	· · · · · · · · · · · · · · · · · · ·	
TICLE IV SHAR	FS 10,000,000	
RTICLE V INITI	AL OFFICERS AND/OR DIRECTORS	Name and Title:
Name and Titl	AL OFFICERS AND/OR DIRECTORS	
RTICLE V INITIA Name and Titl	AL OFFICERS AND/OR DIRECTORS e: Carmen Nicolas Hernandez, Director	Name and Title:
RTICLE V INITIA Name and Titl	AL OFFICERS AND/OR DIRECTORS e: Carmen Nicolas Hernandez, Director	Name and Title:Address:
RTICLE V INITIA Name and Titl Address	AL OFFICERS AND/OR DIRECTORS e:Carmen Nicolas Hernandez, Director 762 Verona Lake Dr., Weston, FL, 33326	Name and Title:Address:
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Name and Title Address Name and Title	AL OFFICERS AND/OR DIRECTORS e:Carmen Nicolas Hernandez, Director 762 Verona Lake Dr., Weston, FL, 33326	Name and Title: Address: Name and Title:

Name a	and Title:	Name and Title:
	The state of the s	
Name ап	d Tide:	Name and Title:
Address	.	Address:
Addre		Address:
ARTICLE VI	REGISTERED AGENT	
The name and	Florida street address (P.O. Box NOT acceptable Registered Agents Inc.) of the registered agent is:
Name:		
Address:	7901 4th Street N, Ste 300	
	St. Petersburg, FL 33702	<u></u>
Name:	address of the Incorporator is: Carmen Nicolas Hernandez 762 Verona Lake Dr. Weston, FL	. 33326
Address:		
		
ARTICLE VII	I EFFECTIVE DATE: if other than the date of filing:	(OPTIONAL)
(If an effective filing.)	e date is listed, the date must be specific and co	
Note: If the de	ate inserted in this block does not meet the applic s effective date on the Department of State's reco	able statutory filing requirements, this date will not be listed and.
Having been n certificate, I an	amed as registered agent to accept service of proce n familiar with and accept the appointment as reg	ess for the above stated corporation at the place designated in t istered agent and agree to act in this capacity
•	Double Solonite	07-12-2024
<u></u>	Required Signature/Registered Agent	Date
1 submit this d	locument and affirm that the facts stated herein to Department of Styte constitutes a third degree f	are true. I am aware that the false information submitted in elony as provided for in s.817.155, F.S.
	W. The	18 07 2024
Required Sign	atura/Inco water	Date