Division of Corporations Electronic Filing Cover Sheet

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(((H25000024722 3)))



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Division of Corporations

Fax Number

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: HISPANO TAX SERVICE Account Name

Account Number

: 120240000088

(286) 218 - 3001

Fax Number

954-762-1260 954-771-2852

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

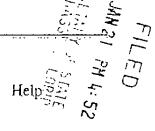
FLORIDA PROFIT/NON PROFIT CORPORATION

QUALITY SERVICES CONSTRUTIONS CORP.

Certificate of Status	ı
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Page Count	04
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Electronic Filing Menu

Corporate Filing Menu



H250000247223

COVER LETTER

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

Tallahassee, FL 323	814		
SUBJECT: QU	IALITY SERVICES		
	(PROPOSED CORPOR	TE NAME – <u>MÛST INCL</u> I	LDE SUFFIN)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:
□ \$70.00 Filing Fee		□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
663	35 W COMMERCIAL BLVD S	e (Printed or typed)	P LLC
10		, State & Zip	· · · · · · · · · · · · · · · · · · ·
95	54-762-1266 Cell & 954-5		

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

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

vickyr@hispano-taxservice.com

H250000247223

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE II PRINC		ONSTRUCTIONS CORP	
3001 NW 5TH	TPAL OFFICE Principal street address TERRACE APT 4	Mailing address, if different is:	
POMPANO BEACH	1 FL 33064		
ARTICLE III PURPO The purpose for which t	<u>ISE</u> he corporation is organized is: The purpos	e of the corporation is to engage in the bu	siness
of providing high-qu	ality construction and remodeling ser	vices, including but no limited to residentia	ai,
commercial, and i	ndustrial projects.		
	AL OFFICERS AND/OR DIRECTORS OLIVA RUIZ, DARLIN S/P	Name and Title:	
Address	3001 NW 5TH TERRACE APT 4		
7401.622	POMPANO BEACH FL 33064		
Name and Title		Name and Title:	
Address		Address:	. (g)
		. <u>-</u> 10	· · · · · · · · · · · · · · · · · · ·
			5 JAM2
Name and Title		Name and Title:	2 MW51 1
	:	<u></u>	5 JAN121 PH 1
Name and Title Address			5 JAN 21 PH 4:5

H25000U 847223

Name ar	nd Title:	Name and Title:
Addres	s	Address:
ARTICLE VI The name and F	REGISTERED AGENT logida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	OLIVA RUIZ, DARLIN S	
Address:	3001 NW 5TH TERRACE APT 4	
	POMPANO BEACH FL 33064	
	<u>INCORPORATOR</u>	
The name and a	iddress of the Incorporator is:	
Name:	OLIVA RUIZ, DARLIN S	
Address:	3001 NW 5TH TERRACE APT 4	-
	POMPANO BEACH FL 33064	-
Effective date, i (If an effective filing.) Note: If the date		statutory filing requirements, this date will not be listed as
Having been na certificate, I am	med as registered agent to accept service of process f familiar with and accept the appointment as registe	or the above stated corporation at the place designated in this red agent and agree to act in this capacity
Du	Required Signature/Registered Agent	01/20/2025
		Date
I submit this do document to the	ocument and affirm that the facts stated hereth are of Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S.
· D-		Date 01/20/2025
Required Signa	ture/Incorporator	Date