

P2500000 385C

Florida Department of State
Division of Corporations
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Division of Corporations
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From:
Account Name : HISPANO TAX SERVICE
Account Number : I20240000088
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: VICKY R@hispano-tax-service.com

FLORIDA PROFIT/NON PROFIT CORPORATION
QUALITY SERVICES CONSTRUTIONS CORP.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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STATE

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COVER LETTER

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

SUBJECT: QUALITY SERVICES CONSTRUCTIONS CORP
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: VICTORIA ROMERO / HISPANO TAX SERVICE GROUP LLC
Name (Printed or typed)

6635 W COMMERCIAL BLVD SUITE 210
Address

TAMARAC FL 33319
City, State & Zip

954-762-1266 Cell & 954-933-1261 Office
Daytime Telephone number

vickyr@hispano-taxservice.com
E-mail address: (to be used for future annual report notification)

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

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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: QUALITY SERVICES CONSTRUCTIONS CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address: 3001 NW 5TH TERRACE APT 4 Mailing address, if different is: SAME
POMPANO BEACH FL 33064

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of the corporation is to engage in the business of providing high-quality construction and remodeling services, including but no limited to residential, commercial, and industrial projects.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OLIVA RUIZ, DARLIN S/P Name and Title: _____
Address: 3001 NW 5TH TERRACE APT 4 Address: _____
POMPANO BEACH FL 33064

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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HJS 0000 247223

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida 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

ARTICLE VII INCORPORATOR

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

Name: OLIVA RUIZ, DARLIN S
Address: 3001 NW 5TH TERRACE APT 4
POMPANO BEACH FL 33064

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 days prior or 90 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 accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

01/20/2025
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.


Required Signature/Incorporator

01/20/2025
Date