## P110000/0335

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
·				

Office Use Only



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01/18/11--01029--003 \*\*70.00

11 JAN 27 PM 2: 2: SECRETARY OF STATEMENT ANALYSISE FILOROID

MR\$ 31

111-3672

## **COVER LETTER**

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

SUBJECT: AQP Referral Services	inc.	
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	nd a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL C	OPY REQUIRED
FROM: All Quality Properties Name	e (Printed or typed)	
1024 NE 45th Street		
	Address	
Fort Lauderdale, Florida	a 33334 State & Zip	
954.564.4446		
Daytime T	elephone number	
graceantonello@bellsour E-mail address: (to be used	th.net d for future annual repor	t notification)

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



RECEIVED 11 JAN 27 PM 2: 19

FLORIDA DEPARTMENT OF STATE ASSET FLORIDA Division of Corporations

January 20, 2011

ALL QUALITY PROPERTIES 1024 NE 45TH STREET FORT LAUDERDALE, FL 33334

SUBJECT: AQP REFERRALL SERVICES INC.

Ref. Number: W11000003672

We have received your document for AQP REFERRALL SERVICES INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the corporation in Article I of the document.

You must list at least one incorporator with a complete business street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap Regulatory Specialist II New Filing Section

Letter Number: 711A00001691

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

ARTICLE I No.		ERRA	AL Servic	as TNC
	• • • •	·		
ARTICLE II P	Principal office Principal street address		Mailing address	if different is:
10	24 NE 45th Street		Maining address	, it different is.
	t Lauderdale, FL 33334			9
Eu	Laudeluale, FL 33334	<del></del>	<del></del>	
<del></del>		_		
ARTICLE III P	• ***			and the same of th
The purpose for which	ch the corporation is organized is:			
- <del>Deferrall Sc</del> rvis	,	RAL.	Service S	JA 27 PH 2
The number of shares	HARES of stock is: 100			1997
ARTICLE V	NITIAL OFFICERS AND/OR DIRECTO	RS		
	::Grace Antonello, Pres Treas		nd Title:	,
Address:	1024 NE 45th Street	Address		
	Fort Lauderdale, Florida 33334			
		_		
N		3.7	1 mm 1	
	:Laura Antonello, VP			
Address:	1024 NE 45th Street	Address		
	Fort Lauderdale, FL 33334	<del></del>		
		_	************************	
Name and Title	e;	Name ar	nd Title:	
Address:				
		_		
	EGISTERED AGENT	. Cat		
	la street address (P.O. Box NOT acceptable) of Grace Antonello		red agent is:	
Name: Address:	•	<del></del>		
Augress:	1024 NE 45th Street Fort Lauderdale, Fl 33334			
	FULL Laurendaile, FL 33334			
ARTICLE VII I	NCORPORATOR			
The name and addre	ess of the Incorporator is:			•
Name:	Grace Antonello	_	•	
Address:	1024 NE 45th Street	<del>_</del>		
	Fort Lauderdale, FL	3.3334		
Having been named this certificate, I am	as registered agent to accept service of proce familiar with and accept the appointment as re	ess for the au egistered age	bove stated corporation and agree to act in t	his capacity <sub>/</sub>
				1/11/2011
	Required Signature/Registered Agent	· • • • • • • • • • • • • • • • • • • •	-	Date
	ent and affirm that the facts stated herein ar			
document to the Dep	artment of State constitutes a third degree felo	ny as provid	led for in s.817.155, F.S	S. / ,
				7//
				1/1/2011
	Required Signature/Incorporator		<del></del>	/Date

Required Signature/Incorporator