

# P 96000011698

CORPORATE ACCESS, INC.  
 1116-D THOMASVILLE RD  
 TALLAHASSEE, FL 32303  
 (904) 222-2666

(Address)  
 (City, State, Zip) (Phone #)

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 -02707796--01000--007  
 \*\*\*\*122.50 \*\*\*\*122.50

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. Quality Care Protection Warranty, Inc.  
 (Corporation Name) (Document #)
2. \_\_\_\_\_  
 (Corporation Name) (Document #)
3. \_\_\_\_\_  
 (Corporation Name) (Document #)
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

- Walk in     Pick up time 2/7/96     Certified Copy  
 Mail out     Will wait     Photocopy     Certificate of Status

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 FEB -7 AM 9:49  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	Non-profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED  
 96 FEB -7 AM 9:34  
 DIVISION OF CORPORATION

*[Handwritten Signature]*

Examiner's Initials

**ARTICLES OF INCORPORATION**

**FILED**

96 FEB -7 AM 9 49

**FOR**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**QUALITY CARE PROTECTION WARRANTY, INC.**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I - NAME**

The name of the corporation is

**QUALITY CARE PROTECTION WARRANTY, INC.**

**ARTICLE II - PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation is 2401 E. ATLANTIC BLVD, SUITE 410, POMPANO BEACH, FL 33062.

**ARTICLE III - DIRECTORS**

The name and address of the initial director(s) is

PETER A. PORTLEY  
2401 E. ATLANTIC BLVD.  
SUITE 410  
POMPANO BEACH, FL 33062

**ARTICLE IV - SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is ONE THOUSAND (1,000) shares having a par value of ONE DOLLAR (\$1.00) per share.


**ARTICLE V - INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent for this corporation is PETER A. PORTLEY, 2401 E. ATLANTIC BLVD., SUITE 410, POMPANO BEACH, FL 33062.

**ARTICLE VI - INCORPORATOR**

The name and address of the incorporator for this corporation is Corporate Access, Inc., 1116-D Thomasville Road, Mount Vernon Square, Tallahassee, Florida 32303.

The undersigned incorporator has executed these Articles of Incorporation this 7TH day of FEBRUARY, 1996.

  
\_\_\_\_\_  
Corporate Access, Inc.  
President - Danny Bennett

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

The name of the corporation is

QUALITY CARE PROTECTION WARRANTY, INC.

The name and address of the registered agent is

PETER A. PORTLEM, ESQ.

2401 East Atlantic Boulevard, Suite 410

Pompano Beach, FL 33062

Having been named registered agent for the stated corporation, I hereby accept the appointment as registered agent and am familiar with and accept the obligations of my position.

  
\_\_\_\_\_  
SIGNATURE