Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

MAILING ADDRESS OF CORPORATION -

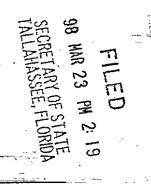
ARTICLES OF INCORPORATION

	of _	
Q.T. POO	CORP	<u> </u>
(name of c	corporation)	
The undersigned acting as the incorporators of a corporation the following articles of incorporation for such corporation:	on under the Florida Busin	less Corporation Act, adopt(s)
ARTICLE I - CO The name of the corporation is:	RPORATE NAME	98 SECH TALL
Q.T. POO	CORO	至
ARTICLE II This corporation shall exist perpetually unless dissolved a	- DURATION ccording to Florida law.	23 PM 2: 19 RY OF STATE SSEE, FLORIDA
ARTICLE II	I - PURPOSE	
The corporation is organized for the purpose of engaging United States and the State of Florida.		s permitted under the laws of the
The corporation is authorized to issue _570 _shares	L PRINCIPAL OFFICE	e \$ <u> </u>
STREET ADDRESS P.O Bof 0537		
,		
CITY LANGUEOOL	FLORIDA FL	ZIP 32.773
Mailing address, if different		
STREET ADDRESS C/O Viera	HERMINA	RAMOS
P.O. But 0537	·	
CITY Languaged	FLORIDA /	ZIP 32752
ARTICLE VI - INITIAL REGIS	STERED OFFICE AND .	AGENT
The street address of the initial registered office and	the name of the initial re	gistered agent at the office is:
NAME HERMINIA RAMOS-	212 Rosecliff	SANFORD 32173
ADDRESS C/O VIERA PO B	of 0537	7
CITY / mauronel	FLORIDA //	ZIP 32752

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have3(three director	rs initially. The nur	nber of directors may be
either increased or diminished from time to time by the By-laddresses of the initial director(s) of the corporation are as for	allowe.		
NAME HERMINIA RAMOS	CO PO Longward	00 COSP I BOJ 0537 L FL 3:	752
ADDRESS 212 ROSCOLIFF	Roseclin	29	
CITY Sanford	STATE	FLORIBA	ZIP 32773
NAME ELVA RIVERA		: · · ·	
ADDRESS 505 EVER 6100	n Ale	nae	
CITY Winter Springs	STATE	12	ZIP 32708
NAME VIONETTE VIEN	- 	•	· ·
ADDRESS 212 Rosecliff			•
CITY Sanfors	STATE	FL	ZIP 32773
	I - INCORPORA:	TORS	
The names and addresses of the incorporators signing these	Articles of Incorpo	oration are as follow	ws:
NAME HERMINIA RAMOS			
ADDRESS 212 Rose cliff		<u>-</u>	
CITY SANFORIS	STATE	FL	ZIP 32-773
NAME Flya Rivera			
ADDRESS 505 EVER 6 reen	AVE	nue.	
CITY Winter Springs	STATE	PL	ZIP 32708
NAME Vionette Viera			
ADDRESS 212 Rosecliff		· · · · · · · · · · · · · · · · · · ·	· · · · ·
CITY SANFORD	STATE	FL	ZIP 32773
The undersigned incorporator(s) have executed these	Articles of Incom	ooration this	20th
day of MARCH		<u> </u>	- . <u></u>
	./	1	
	Hermen	Lamos	(Signature)
		1 00	
	Ella []	Jeverall)	(Signature)
	Verelle	2 Viera	(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE



Q.T. POO CORP.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office

SANFORD FL 32773-PO BOX 0537 Longwood FL 32752

has named HERMINIA RAMOS

located at the aforesaid address, as its registered agent to accept service of process within this state.

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature)

(Date)