

DO9 000041263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

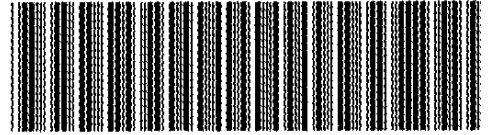
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**COVER LETTER**

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

SUBJECT: QuataCoolie Inc.  
(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: Chaunkel Grant  
Name (Printed or typed)

11092 Turnbridge Drive,  
Address

Jacksonville, FL 32256  
City, State & Zip

(904) 2482004  
Daytime Telephone number

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

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

The name of the corporation shall be:

The principal **street** address and mailing address, if different is:

The purpose for which the corporation is organized is:

The number of shares of stock is:

List name(s), address(es) and specific title(s):

The name and Florida street address (P.O. Box **NOT** acceptable) of the registered agent is:

The name and address of the Incorporator is:

Having been named as registered agent to accept service of process for the above stated corporation at the pl certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent  
Signature/Incorporator

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MAY -8 PM 12:10  
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