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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

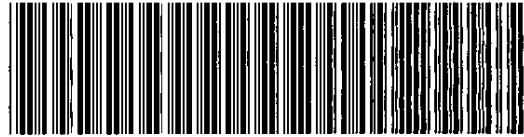
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TALLAHASSEE FLORIDA

11 NOV - 1 PM 4:05

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AND
FILED

1/4

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: QUALITY TOUCH OF FLORIDA, INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

CAROL R. HART, CPA

Name of Person

HART & ASSOCIATES, PC

Firm/Company

1505 VANDALIA ST.

Address

COLLINSVILLE, IL 62236

City/State and Zip code

melanie@thehartassociates.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROL R. HART, CPA

Name of Person

at (618) 345-5510

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:



\$70.00 Filing Fee



\$78.75 Filing Fee &
Certificate of Status



\$78.75 Filing Fee &
Certified Copy



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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 28, 2011

CAROL R. HART, CPA
HART & ASSOCIATES, PC
1505 VANDALIA ST
COLLINSVILLE, IL 62236

SUBJECT: QUALITY TOUCH OF FLORIDA, INC.
Ref. Number: W11000049999

We have received your document for QUALITY TOUCH OF FLORIDA, 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):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 611A00022440

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. QUALITY TOUCH OF FLORIDA, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

QUALITY ~~SCRATCH~~ REPAIR, INC

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. ILLINOIS

(State or country under the law of which it is incorporated)

3. 37-1409625

(FEI number, if applicable)

4. 04-10-2001

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 605 JOHANN DR., COLLINSVILLE, IL 62234

(Principal office address)

(SAME)

(Current mailing address)

8. AUTO CARE SERVICES

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: MARK MCHUGH

Office Address: 4650 OAK COVE LANE

ORLANDO

(City)

, Florida 32806

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11 NOV - 1 PM 4:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APPROVED
FILED

APPROVED
AND
FILED

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: DAMON BUEHRER

11 NOV -1 PM 4:05

Address: 605 JOHANN DR.
COLLINSVILLE, IL 62234

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: BARBRA BUEHRER

Address: 605 JOHANN DR.
COLLINSVILLE, IL 62234

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: DAMON BUEHRER

Address: 605 JOHANN DR.
COLLINSVILLE, IL 62234

Vice President: DAMON BUEHRER

Address: 605 JOHANN DR.
COLLINSVILLE, IL 62234

Secretary: BARBRA BUEHRER

Address: 605 JOHANN DR., COLLINSVILLE, IL 62234

Treasurer: BARBRA BUEHRER

Address: 605 JOHANN DR., COLLINSVILLE, IL 62234

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Barbra L. Buehrer

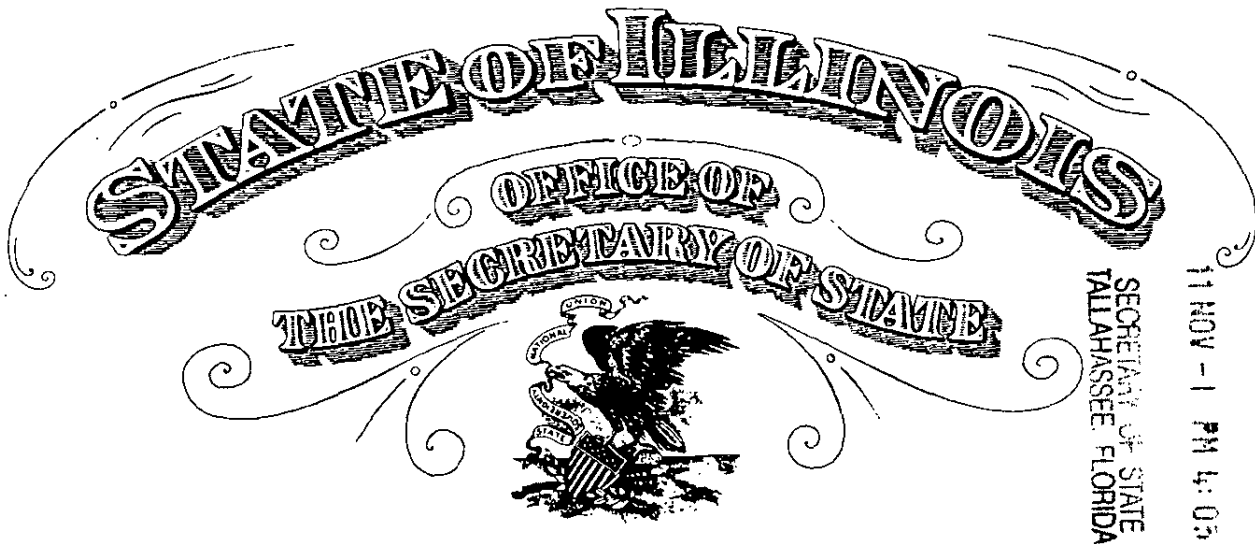
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. BARBRA BUEHRER, SECRETARY

(Typed or printed name and capacity of person signing application)

File Number 6156-382-2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

QUALITY TOUCH, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 10, 2001, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 31ST day of AUGUST A.D. 2011 .

Jesse White

Authentication #: 1124301312

Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE