1400003394

(Reque	stor's Name)	
(Addres	s)	
(Addres	ss)	
(City/St	ate/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Busine	ss Entity Name)
(Docum	ent Number)	
Certified Copies	Certificates of	f Status
Special Instructions to Filin	g Officer:	



100259793771

05/06/14--01012--028 **70.00



Office Use Only

MD 63

1111 2894

COVER LETTER

	Filing Section				
SUBJECT:		Source I	nc. of C)hio	
SUBJEC1:				a - must include suffix	
Dear Sir or M	ladam:				
"Certificate of	f Existence,"		of Good Sta	Authorization to Transa nding" and check are sub ess in Florida.	
Please return Debra L		dence concernir	g this matte	r to the following:	
			Name of	Person	
Quality	Source	Inc. of Oh	nio		
1000			Firm/Con	npany	
13034 H	Hamptor	n Lakes C	ircle		
Boyntor	า Beach	, FL 3343	Addr 36	ess	
			City/State a	and Zip code	
debra@		urceinc.co			
		E-mail address:	(to be used	for future annual report i	notification)
For further in	formation cor	ncerning this ma	tter, please	call:	
Timothy	M. Coc	per	440	、884-1388	
	e of Person	<u> </u>		Code & Daytime Teleph	one Number
New Divis Clifto 2661 Talla	Filing Section tion of Corpor on Building Executive Ce hassee, FL 33	enter Circle 2301		MAILING A New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
Enclosed is a	check for the	following amou	unt:		
■ \$70.00 Fi	ling Fee C	3 \$78.75 Filing Certificate of		\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certificate of Status & Certified Copy



May 7, 2014

DEBRA L. STITT 13034 HAMPTON LAKES CIRCLE BOYNTON BEACH, FL 33436

SUBJECT: QUALITY SOURCE INC. OF OHIO Ref. Number: W14000028947

We have received your document for QUALITY SOURCE INC. OF OHIO 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 entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return 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) 245-6052.

Maryanne Dickey Regulatory Specialist II

www.sunbiz.org

Letter Number: 114A00009780

Division of Companytions D.O. DOV 6997 Tollahassas Florida 9991.



May 21, 2014

DEBRA L. STITT 13034 HAMPTON LAKES CIRCLE BOYNTON BEACH, FL 33436

SUBJECT: QUALITY SOURCE INC. OF OHIO

Ref. Number: W14000028947

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

You failed to make the correction(s) requested in our previous letter.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return 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) 245-6052.

Maryanne Dickey Regulatory Specialist II

Letter Number: 114A00009780

www.sunbiz.org

D' d' d' d' Company de la Comp

	BION COM OMINON TO TRANSACT E	BUSINESS IN THE STATE OF FLORID	A. P. S.
_{1.} Quality S	ource Inc. of Ohio		L LE
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	ASSEE, FL
(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting busine	ss in Horida
_{2.} Ohio	3	86-1083980	>
	under the law of which it is incorporated)	(FEI number, if applicable)	
10/09/200	. _{s.}	PETOSTUAL	
(Date	of incorporation)	(Duration: Year corp. will cease to exist or	r "perpetual")
_{6.} 04/22/20 ⁻	14		
	•	502, F.S., to determine penalty liability)	
_{7.} 13034 Ha	mpton Lakes Circle, Boynt		
	(Principal office add		
13034 Har	mpton Lakes Circle, Boynto		
	(Current mailing add	ress)	
8. Principal	Owner moved to Florida		
(Purpose(s	of corporation authorized in home state or co	untry to be carried out in state of Florida)	
9. Name and stree	t address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)	
Name:	Debra L. Stitt		
Office Address:	13034 Hampton Lakes Cir	cle	
	Boynton Beach	, Florida 33436	•
	(City)	(Zip code)	

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.

12. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: Debra L. Stitt
Address: 13034 Hampton Lakes Circle
Boynton Beach, FL 33436
Vice Chairman:
Address:
Es to
Director:
Address:
Director:
Address:
·
B. OFFICERS
President: Debra L. Stitt
Address: 13034 Hampton Lakes Circle
Boynton Beach, FL 33436
Deymon Beach, 1 E 30430
Vice President:
Address:
Secretary:
Address:
Treasurer:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
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. Debra L. Stitt President
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

14 JUN-2 PM 4:51
SECRETARY OF STATE
FALL AHASSEE, FLORIDA

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show QUALITY SOURCE, INC. OF OHIO, an Ohio corporation, Charter No. 1416112, having its principal location in Lakewood, County of Cuyahoga, was incorporated on October 9, 2003 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 2nd day of May, A.D. 2014.

Ohio Secretary of State

Validation Number: 201412200766