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TRANSMITTAL LETTER

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

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SUBJECT:	(PROPOSED CORPORA)	S POIG AND TRA TE NAME – <u>MUST INCL</u>	NSLATION ZN UDE SUFFIX)	<u>C</u> .	
Enclosed is an origina	al and one(1) copy of the article	s of incorporation and a	check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED		
FROM:	SORGE SEFFAIR RAMOS Name (Printed or typed) 4002 ATRIUM DRIVE Address ORLANDO, FL 32822 City, State & Zip 407-375-4403		SECRETARY OF STATE TALLAHASSEE, FLORIDA	00 JUN 30 AM 8: 53	
		elephone number		•	

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: QUALITY TRANSPORT AND TRANSLATION INC. PRINCIPAL OFFICE ARTICLE II The principal place of business/mailing address is: 4002 ATRIUM DRIVE ORLANDO, FL 32822 ARTICLE III PURPOSE The purpose for which the corporation is organized is: TO PROVIDE TRANSPORT AND TRANSPATION FOR INJURED WORKERS. TAKE THEM BACK AND FORTH TO DOCTOR'S APPOINTMENTS. ARTICLE IV SHARES The number of shares of stock is: 1.000,000 ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es): ARTICLE VI REGISTERED AGENT The name and Florida street address registered agent is: TORGE SEFFAIR RAMOS 4002 ATRIUM DR. ORLANDO, FL 32822 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: JORGE SEFFAIR RAMOS 4002 ATRIUM DR. FROD ORLANDO, EL 32822

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

Signature/Registered Agent

Signature/Incorporator