

TRANSMITTAL LETTER

P00000101816

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

300003432593--3
-10/19/00--01101--008
*****78.75 *****78.75

SUBJECT: COLOR IT INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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: Milen Kirantchev
Name (Printed or typed)

1010 N.W. 11 Ave
Address

Miami FL 33136
City, State & Zip

305/ 926 7062
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 OCT 30 PM 3:47

FILED

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

✓ 3.2.2000 OCT 30 2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

October 20, 2000

MILEN KIRANTCHEV
1010 N.W. 11 AVE
MIAMI, FL 33136

SUBJECT: COLOR IT INC.
Ref. Number: W00000025363

We have received your document for COLOR IT INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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

Please return the 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) 487-6928.

Tim Burch
Document Specialist

Letter Number: 200A00055005

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:

QualyMax INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1010 N. W. 11 Ave.

Miami FL 33136

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is:

100000 shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Milen KIRANTCHEV
President

1010 N.W 11 Ave

Miami FL 33136

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Milen KIRANTCHEV

1010 N.W 11 Ave

Miami FL 33136

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Milen KIRANTCHEV

1010 N.W 11 Ave

Miami FL 33136

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

10/14/00
Date


Signature/Incorporator

10/14/00
Date

FILED

00 OCT 30 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA