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TRANSMITTAL LETTER

DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

P.O. BOX 6327

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SUBJECT: QUALITY CREDIT SERVICES, INC.

TALLAHASSEE, FLORIDA 32314

ENCLOSED IS AN ORIGINAL AND ONE (1) COPY OF THE ARTICLES OF INCORPORATION AND OUR CHECK FOR \$ 70.00.

FROM:

TOM WILLIAMS
1409 KINGSLEY AVE, SUITE 1B
ORANGE PARK, FLORIDA 32073
(904) 278-5566

ARTICLES OF INCORPORATION

<u>OF</u>

DO MON 1.3 AM 11:50
SECRETARISEE FLORIDA
SECRETARISEE FLORIDA

QUALITY CREDIT SERVICES, INC.

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE: QUALITY CREDIT SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:

9116 CYPRESS GREEN DR. #209 JACKSONVILLE, FL 32216

ARTICLE III CAPITAL STOCK

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY TIME IS: 1000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

GLEN WINGATE
9116 CYPRESS GREEN DR. #209
JACKSONVILLE, FL 322**56**

ARTICLE V INCORPORATOR (S)

THE NAME(S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) TO THESE ARTICLES OF INCORPORATION IS(ARE):

GLEN WINGATE
9116 CYPRESS GREEN DR. #209
JACKSONVILLE, FL 32256

ARTICLES 20 50.	OF	INCOR	PORATI	ION	THIS	 7ta	D	AY OF	* <i>K</i> /	OVEN	r <i>ßer</i>	_ ,
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								SIGNATURE				_

SIGNATURE

THE UNDERSIGNED INCORPORATOR(S) HAS (HAVE) EXECUTED THESE

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTIONS 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. THE NAME OF THE CORPORATION IS: QUALITY CREDIT SERVICES, INC.
- 2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

GLEN WINGATE
9116 CYPRESS GREEN DR. #209
JACKSONVILLE, FL 322**56**

00 NOV 13 AM II: 50
SECRETARY OF STATE
AND AMASSEE FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

DATE