TRANSMITTAL LETTER

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

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QUALITY HOME REPAIR, 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

\$78.75

Filing Fcc

Filing Fcc

& Certificate of Status

\$78.75

Filing Fee

& Certified Copy

\$87.50

Filing Fcc,

Ccrtified Copy & Certificate of

Status

ADDITIONAL COPY REQUIRED

V. Balletto & Associates, Inc.

Name (Printed or typed)

3956 Town Center Blvd., #165

Address

Orlando, FL 32837

City, State & Zip

407-248-9877

Daytime Telephone number

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

FILED

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ARTICLES OF INCORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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 HOME REPAIR, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

PO BOX 606 CHRISTMAS, FL 32709-0606

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

VINCENT D. BALLETTO 3956 TOWN CENTER BLVD., #165 ORLANDO, FL 32837

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

JOHN F. PROPES 15540 LARKSPUR STREET ORLANDO, FL 32828

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 11 day of JANUARY, 2001.

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	Signature	
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	Signature	
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	Signature	

NOTARIZATION IS NOT REQUIRED

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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 HOME REPAIR, INC.**
- 2. The name and address of the registered agent and office is:

VINCENT D. BALLETTO (NAME)

3956 TOWN CENTER BLVD., #165 (P.O. Box or Mail Drop Box NOT Acceptable)

> ORLANDO, FL 32837 (City/State/Zip)

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 property and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

JANUARY 11, 2001 (Date)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FI

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