POLOCOO34941

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

SUBJECT:

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Enclosed is an origina	al and one(1) copy of the article	es 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	S87.50 Filing Fee Certified & Certified Status	e, Copy cate of		
FROM:	Quality Insurance, INC. Name (Printed or typed) 4270 Aloma Ave #126 Address					
	City,	Ark, FL 3 State & Zip 671 - 4900 elephone number	2792 ——	CRETARY OF STATE	APR -2 PH 3:52	

QUALITY INSURANCE,

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

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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 Insurance, INC.	FIL 01 APR -2 SECRETARY TALLAHASSE
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 4270 ALOMA AVE #126 Winter Park, 7L 32792 ARTICLE III PURPOSE The purpose for which the corporation is preprinted in	ED PH 3: 52 RY OF STATE SEE, FLORIDA
ARTICLE III PURPOSE The purpose for which the corporation is organized is: +o Conduct Insurance and Fina.	
ARTICLE IV SHARES The number of shares of stock is: ///	
ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es): Sharon Chandler 1002 Green Branch Ct. 001E00, 7C 32765 OUIEDO	pher Chandler Green Branch C O, FL 32765
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Sharon Chandler 1002 Green Branch Ct. OVIEDO, FL 32765	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Sharon Chandler 1002 Green Branch Ct OUIE 00, FL 32765 ***********************************	
**************************************	ace designated in this
Signature/Registered Agent Sharon Chandler Date 3/19/ Date	<u> 200 </u> 200
Signature/Incorporator Sharon Chandler Date	