

P01000091917

TRANSMITTAL LETTER

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

500004575335--2  
-09/07/01--01077--018  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: Quality Supply, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, & Certified Copy- & Certificate of Status
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ADDITIONAL COPY REQUIRED

FROM:

Michelle Audette dba as Quality Supply, Inc.  
Name (Printed or typed)

2549 SE Trail Avenue  
Address

Port Saint Lucie, Florida 34952  
City, State & Zip

561-398-9872  
Daytime Telephone number

FILED  
01 SEP 19 PM 3:43  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

2012/2/10

9/12/01



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

September 12, 2001

MICHELLE AUDETTE  
2549 SE TRAIL AVE  
PORT ST LUCIE, FL 34952

SUBJECT: QUALITY SUPPLY, INC.  
Ref. Number: W01000021210

We have received your document for QUALITY SUPPLY, INC. and your check(s) totaling \$87.50. 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 designate a person as the incorporator and have that person sign the application. The company can not be its own incorporator.

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) 245-6933.

Dale White  
Document Specialist  
New Filings Section

Letter Number: 601A00051268

FILED  
01 SEP 19 PM 3:43  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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 Supply of Central  
Florida, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:  
2549 SE Trail Avenue, Port Saint Lucie, Florida 34952

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: sell con-  
struction products

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s): Michelle Audette,  
2549 SE Trail Avenue, Port Saint Lucie, Florida 34952

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:  
Michelle Audette, 2549 SE Trail Avenue, Port Saint Lucie,  
Florida 34952

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is: MICHELLE AUDETTE  
2549 SE Trail Ave. Port Saint Lucie, Florida 34952

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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 ca-  
pacity

Michelle Audette  
Signature/Registered Agent

9/17/01  
Date

Michelle Audette 9/17/01  
Signature/Incorporator Date

9/17/01  
Date