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

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Tananassee, 142 323	114		-08/19/(*****78)2() J. 75
SUBJECT: A+()	UALITY ASSURA (PROPOSED CORPORA)	TE NAME - MUST INCL	UDE SUFFIX	
Enclosed are an origi	inal and one (1) copy of the arti	cles of incorporation and	d 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 CO	PY REQUIRED	
FROM:	DATHY A. LORD Name (221 SW 1442 PA	Printed or typed) / . ddress	02 AUG 19 AM SECRETARY OF S TALLAHASSEE, FL	FILED

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

CAPE CURAL, F.1. 33991 City, State & Zip (239)

772-0176

Daytime Telephone number

ne 8/20

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:			
A+Quality Assurance Services, INC.	. •		
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:		-	
221 SW 14th PL. CAPE CORAL Fl. 339	91		
ARTICLE III PURPOSE The purpose for which the corporation is organized is: $C/erical + Office Services$	e ^r v		
ARTICLE IV SHARES The number of shares of stock is: 10,000	e e	~	٠.
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):	.		٠,
KATHY A. LORI PRESIDENT			
ARTICLE VI REGISTERED AGENT	 .	02 AUG 19 AN SECRETARY OF ST TALLAHASSEE, FLC	T
The <u>name and Florida street address</u> of the registered agent is:		F.ST	ED
KAThy A. LORI		9: 38 TATE ORIDA	
221 SW 14th Place CAPE CORAL, Fl. 33991		38	
ARTICLE VII INCORPORATOR			
The <u>name and address</u> of the Incorporator is:			•
KATHY A LORI 2215WIHM Pl.	_		
CAPE CURNI, F1. 3399)			
**************************************	orporation a	t the place desi	
		,	
Signature/Registered Agent	_8/,	14/02	
/ Organical registered register		Date	
Jacky W. Levi	8)	14/02	
/ Signature/Incorporator	-	Date	