

PO2000134727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

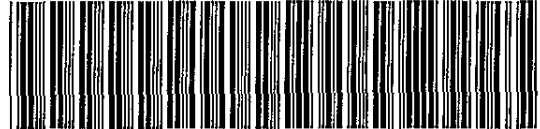
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02 DEC 23 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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12/23

TRANSMITTAL LETTER

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

SUBJECT: Quality Transitions, 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
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 COPY REQUIRED

FROM: David R. Nichols

Name (Printed or typed)

P.O. Box 1502, 15 West Beach Road

Address

Charlestown RI 02813

City, State & Zip

(401)322-7975

Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Quality Transitions, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

15 West Beach Road Charlestown, RI 02813

Satelite office is 8194 Winnipisaukee Way, Lake Worth FL 33467

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Human Resource Consulting

ARTICLE IV SHARES

The number of shares of stock is:

One

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

David R. Nichols 15 West Beach Road Charlestown RI 02813 Principal

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:


David R. Nichols Jr 8194 Winnipisaukee Way Lake Worth FL 33467

ARTICLE VII INCORPORATOR

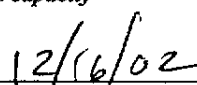
The name and address of the Incorporator is:

David R. Nichols 15 West Beach Road Charlestown RI 02813


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 capacity



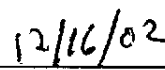
Signature/Registered Agent



Date



Signature/Incorporator



Date