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THE I D SPA STREET

TRANSMITTAL LETTER

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

SUBJECT:	QUALIFY INNO	OVATIVE CON	cepts Inc.
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the arti	icles of incorporation and	I 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
FROM:	Stanlog A. G. Name	ADDITIONAL CO	DPY REQUIRED
-	1151 St. LAY	NRENCE SA, Address	
	ORlando Fi	30818 State & Zip	· v .
		0839	· · · · · · · · · · · · · · · · · · ·

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

ARTICLE I *NAME* Quality Innobative Concepts Inc. The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1151 St. LANCONCE SA Oclando, FT 32818 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Renovations ARTICLE IV <u>SHARES</u> The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: *INCORPORATOR* Ston Dumber The name and address of the Incorporator is: Octono6, FT 32818 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

8-1-03

ARTICLES OF INCORPORATION

Signature/Incorporator

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