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(Requ	restor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				





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TRANSMITTAL LETTER

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

SUBJECT:	Ouick Ch	NIPS I TO CHE NAME - MUST INCIT	DDE 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 ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	JOE PAOLIN Name (/ Printed or typed)		
13917 LYNMAN BCUD Address				
-	TAMPA F	State & Zip	68E 33626	
-	8/3- 854- Daytime Te	elephone number	<u></u>	

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) ARTICLE I <u>NAME</u> The name of the corporation shall be: Quick Lhips, Inc. 13917 LYNMAN BLUD SUITE B TAMPA FL 33626 ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: ARTICLE III PURPOSE The purpose for which the corporation is organized is: ProFit ARTICLE IV SHARES 1000 The number of shares of stock is: ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): ARTICLE VI REGISTERED AGENT The <u>name and Florida street address</u> of the registered agent is: Dave DeMANCO DAVE DEMISICO 13917 LYNMAN BCUD TAMPA FL 33626 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: JOE PAOLINI 13917 LYNMAN PLVD TAMPA FC 33626 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

Signature/Incorporator