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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)205-0381

From: Account Name : INCORPORATETIME.COM, INC.
Account Number : I19990000221
Phone : (631)224-9004
Fax Number : (631)218-9522

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FLORIDA PROFIT CORPORATION OR P.A.

QA Solutions, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATION FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I -NAME

THE NAME OF THE CORPORATION SHALL BE:

QA Solutions, Inc.

ARTICLE II -PRINCIPAL OFFICE

The principal place of business & mailing address of this corporation shall be

4365 Avanti Cir
North Port, FL 34287

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have at any one time is:

2000 shares at \$.01 par value

ARTICLE IV -INITIAL OFFICERS/DIRECTORS:

President/Treasurer: O. Janelle Meliti, 4365 Avanti Cir., North Port, FL 34287
V.President/Secretary: Victor A. Meliti, Jr., 4365 Avanti Cir., North Port, FL 34287

ARTICLE V -INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address of the initial registered agent are:

Victor Meliti
4365 Avanti Cir., North Port, FL 34287

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ARTICLE VI-INCORPORATOR:

The name and address of the Incorporator to these Articles of Incorporation are:

Kerry Walsh

35 Carleton Avenue
Islip Terrace, NY 11752

K Walsh

Kerry Walsh, Incorporator

6/23/03

Date

Having been named registered agent and to accept service of process for the above stated corporation as the place designated in this certificate I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Victor Meliti

Victor Meliti, Registered Agent

6/9/03

Date

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