P03000099164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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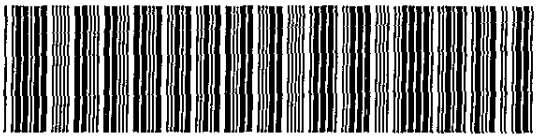

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TALLAHASSEE, FLORIDA
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TRANSMITTAL LETTER

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

SUBJECT: Quantum Res Q Wellness Minds Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is 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:

Iam Hillips
Name (Printed or typed)

P.O. Box 4431
Address

Boynton Beach, FL. 33424
City, State & Zip

561- 966 - 4406
Daytime Telephone number

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

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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:

QUANTUM RES Q WELLNESS MINDS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2669 FOREST HILL BLVD., SUITE 240A
LAKESHORE OFFICE PARK, WEST PALM BEACH, FL, 33406

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HEALTH CARE - WELLNESS, RESEARCH & TEACHING.

ARTICLE IV SHARES

The number of shares of stock is:

FIVE THOUSAND (5,000)

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

PAM PHILLIPS - P.O BOX 4431, BOYNTON BEACH, FL 33424
PRESIDENT, SECRETARY & TREASURER

ARTICLE VI REGISTERED AGENT

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

PAM PHILLIPS
2705 CANALSIDE DR., GREENACRES, FL. 33463

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

PAM PHILLIPS - P.O BOX 4431, BOYNTON BEACH, FL. 33424 - MAILING
2705 CANALSIDE DR. GREENACRES, FL. 33463

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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

PHillips
Signature/Registered Agent — Date: 8/30/03
PAM PHILLIPS

PHillips / PAM PHILLIPS
Signature/Incorporator — Date: 8/30/03