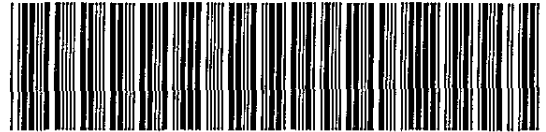


P03000/06634

(Requestor's Name)

(Address)

(Address)



600023025806

BEST CRICK TAX
PABLO RODRIGUEZ, CPA
310 1/2 S. BUMBY
ORLANDO, FL 32803
407-896-7921

09/15/03--01057--003 **87.50

Special Instructions to Filing Officer:

✓ D. WHITE SEP 29 2003

Office Use Only

FILED
03 SEP 29 PM 1:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Quality Home Restorations 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: James Hoskins
Name (Printed or typed)

61 ALAFAYA WOODS Blvd.
Address

Oviedo Florida 32765
City, State & Zip

407-366-0362
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 17, 2003

JAMES HOSKINS
61 ALAFAYA WOODS BLVD
OVIEDO, FL 32765

SUBJECT: QUALITY HOME RESTORATIONS INC.
Ref. Number: W03000026655

We have received your document for QUALITY HOME RESTORATIONS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White
Document Specialist
New Filings Section

Letter Number: 503A00051629

FILED

ARTICLES OF INCORPORATION

03 SEP 29 PM 1:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned Incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I : NAME

QUALITY HOME RESTORATIONS INC

ARTICLE II : PRINCIPAL OFFICE

**61 ALAFAYA WOODS BLVD
OVIEDO, FL 32765**

ARTICLE III : SHARES

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

COMMON STOCK- 100 SHARES NO PAR VALUE

JAMES HOSKINS- 100 SHARES

**ARTICLE IV : INITIAL REGISTERED AGENT AND
STREET ADDRESS**

The name and address of the initial register agent is:

**JAMES HOSKINS
61 ALAFAYA WOODS BLVD
OVIEDO, FL 32765**

ARTICLE V INCORPORATOR:

The Incorporator to these Articles of Incorporation is:

PABLO RODRIGUEZ

310 S BUMBY

ORLANDO, FL 32803

O

ARTICLE VI : DIRECTORS

The company will be run by the board of directors. The directors are:

JAMES HOSKINS - PRESIDENT

ARTICLE VII : NATURE OF BUSINESS

The corporation will engage in the business painting. The foregoing purposes and activities will be interpreted as examples only and not as limitations, and nothing therein shall be deemed as prohibiting the corporation from engaging in any lawful act or activity permitted in the United States, The State of Florida or any other state , country, territory or nation.

The undersigned Incorporator has executed these Articles of Incorporation this 23th day of September 2003.


signature

Address for:

JAMES HOSKINS

61 ALAFAYA WOODS BLVD

OVIEDO, FL 32765

CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501,
FLORIDA STATUTES, THE UNDERSIGNED CORPORATION,
ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA,
SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING
THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

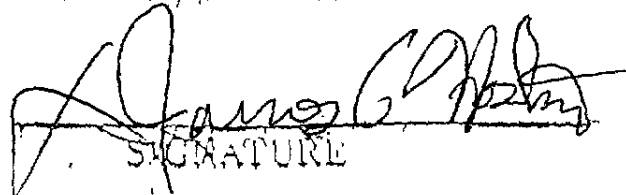
1. THE NAME OF THE CORPORATION IS:

QUALITY HOME RESTORATIONS INC.

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND
OFFICE IS:

JAMES HOSKINS
61 ALAFAYA WOODS BLVD
OVIDO, FL 32765

HAVING BEEN NAMED AS REGISTERED AGENT AND TO
ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED
CORPORATION AT 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.


SIGNATURE

9/29/03
FILED
03 SEP 29 PM 1:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA