P0400031325

(Requestor's Name)
(Address)
(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:

Office Use Only



800028404218

02/11/04--01030--018 **78.75

FILED

OF FEB II PH 4:5

ma 1/17

TRANSMITTAL LETTER

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

SUBJECT: J. QUINTEN TO PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
	(PROPOSED CORPORA)	TE NAME – <u>MUST INCLU</u>	DE SUFFIX)		
Englaced are an origi	nal and one (1) conv of the artic	eles of incorporation and a	check for		
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:					
\$70.00	\$78.75	\$78.75	□ \$87.50		
Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of		
			Status		
		ADDITIONAL COR	Y REQUIRED		
	- 1	7			
FROM:	OM: Joseph W. (LUIW/W) Name (Printed or typed)				
11 1					
9340 Windlate Wrive					
Address					
Fort M-1815 F/ 33912					
_	$\begin{array}{c c} \hline \hline$	State & Zip	33716		
	020 -00	1800			
Daytime Telephone number					

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
The name of the corporation shall be: J. Quinlan Enter Maes, Inc.	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 9340 WINDIA R Fort MHIS, F/c 33917 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Conducting Sales of INSUMANCE ARTICLE IV SHARES The number of shares of stock is: 500	FILED 04 FEB 11 PN 4:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s); JOSEPH W. QUININ / VISIOPW ARTICLE VI REGISTERED AGENT	4: 58 TATE ORIDA
The name and Florida street address of the registered agent is: Joseph W. Quinlin Joseph W. Quinlin 4340 Windlife Drive Fort Mtivi, R. 33917 ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is: Joseph W. Quinlin. 9348 Windlife MIH Fort Mt to Fl 33917 ***********************************	*******
Having been named as registered agent to accept service of process for the above stated corporation at certificate, I am familiar with and accept the appointment as registered agent and agree to act in this cap.	
Signature/Registered Agent () May () May ()	17/0 <u>Y</u> Date - 19/0 U
Signature/Incorporator	Date