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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T 07/06/04

TRANSMITTAL LETTER

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

SUBJECT: Quality Machining & MFG., Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE 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	☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Carol S. Workman
Name (Printed or typed)

1820 S. Combee Rd.
Address

Lakeland, FL. 33801
City, State & Zip

863-667-1177
Daytime Telephone number

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 NAME

The name of the corporation shall be:

Quality Machining & MFG., Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1820 S. Combee Rd.
Lakeland, FL. 33801

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Manufacturing of Machine Tool

ARTICLE IV SHARES

The number of shares of stock is:

1000 @ $1 Par

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Lonnie E. Workman, Pres	649 N. Citrus Grove Blvd.
Carol S. Workman, S/T	649 N. Citrus Grove Blvd.
Scott Workman V/P	627 N. Citrus Grove Blvd. Polk City, FL. 33868

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Lonnie E. Workman
649 N. Citrus Grove Blvd.
Polk City, FL. 33868

ARTICLE VII INCORPORATOR

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

Carol S. Workman
649 N. Citrus Grove Blvd.
Polk City, FL. 33868

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TALLAHASSEE, FLORIDA

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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

Lonnie E. Workman — Signature/Registered Agent — 6/30/04 — Date

Carol S. Workman — Signature/Incorporator — 6/30/04 — Date