

PO4000 100719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

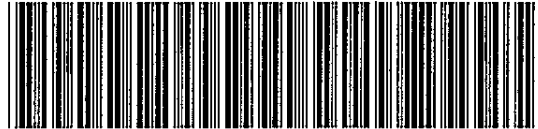
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900038085749

07/01/04--01022--021 \*\*78.75

FILED  
04 JUL - 1 PM 2:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TS 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/mailling 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

Carol S. Workman, S/T

Scott Workman V/P

649 N. Citrus Grove Blvd.

649 N. Citrus Grove Blvd.

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

\*\*\*\*\*  
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

FILED  
04 JUL - 1 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA