

P04000132866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

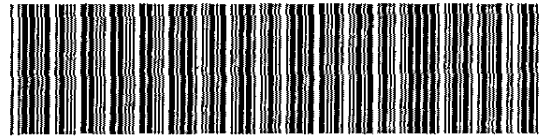
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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9/22/04

TRANSMITTAL LETTER

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

SUBJECT: doequality.com, 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: Kimberly Williams
Name (Printed or typed)
2337 Lake Debra Dr.
Address
Orlando, FL 32835
City, State & Zip
407-291-2653
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:

doyouqualify.com, inc.

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*2337 Lake Debra Dr. Apt 515
Orlando, FL 32835*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Clerical Services

ARTICLE IV SHARES

The number of shares of stock is: *10,000*

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*Kimberly Williams, Chief Executive Officer
2337 Lake Debra Dr Apt 515
Orlando, FL 32835*

ARTICLE VI REGISTERED AGENT

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

*Kimberly Williams
2337 Lake Debra Dr. Apt 515
Orlando, FL 32835*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Kimberly Williams
2337 Lake Debra Dr Apt 515
Orlando, FL 32835*

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

K.S. Wells

Signature/Registered Agent

9/17/04

Date

K.S. Wells

Signature/Incorporator

9/17/04

Date