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## TRANSMITTAL LETTER

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

SUBJECT: TOTAL QUALITY BENEFITS, INC. (PROPOSED CORPORATE NAME - MUSTINGLUDE SUFFIX)						
	(PROPOSED CORPORA) 59-3217657	FE NAME – <u>MUSTINCLU</u>	DE 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  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED			
FROM:	HARVEY B Name (		TE 399			
	DORAL, FL	33/78 State & Zip				

NOTE, INCORPORATE AS A FLORIDA SOMICILED COMPANY

305 - 970 - 1985

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:	. (110111)	OS JAN 24 PH 3: 32  SECRETARY UF STATE TALLAHASSEE FLORIDA	
TOTAL QUALITY BENEFITS, I	MC,		
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  10773 NW 58th ST., STE. 399  DORAL, FL 33178  ARTICLE III PURPOSE	· · · · · · · · · · · · · · · · · · ·		
The purpose for which the corporation is organized is:  INSULANCE AGENCY			
ARTICLE IV SHARES The number of shares of stock is:  FIVE HUNDRED		· · ·	•
ARTICLE V INITIAL OFFICERS AND/OR DE List name(s), address(es) and specific title(s):  HARVEY BROWN 10773 NW 58 th S  PRESIDENT	<del></del>	53, DORAL	FC 3317
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT act HARVEY BROWN 10773 NW 58 to ST			2 33/78
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  HALVEY BROWN 10773 NW 58 ts ST	, UNIT # 53	3, DORAL F	T 33/78
**************************************	**************************************	**************************************	******
- Aug Bon		Van, 21,2	005
Signature/Registered Agent	<u> </u>	Date	<del></del>

Signature/Incorporator