

P05000040069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

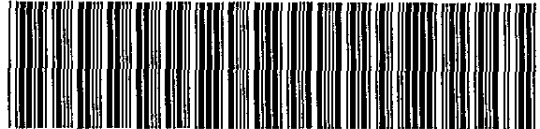
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05 MAR -9 PM 2:39  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**SOLDOUT2CHRIST, Inc.**

**Accounting & Tax Services**

P.O. Box 536872  
Orlando, FL 32853  
Tel/Fax: 866-276-2700  
www.soldout2christ.com

February 28, 2005

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

To Whom It May Concern:

Please process the attached articles of incorporation and mail to the following address:

Soldout2Christ, Inc.  
Attn: Demetrius Lockwood  
P.O. Box 536872  
Orlando, FL 32853

Thank you.

Sincerely,



Demetrius Lockwood  
President/CEO

## TRANSMITTAL LETTER

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

SUBJECT: Quality Upholstery, 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: Edmundo Ramos

Name (Printed or typed)

1103 Plato Ave.

Address

Orlando, FL 32809

City, State & Zip

321-297-6248

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 Upholstery, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1103 Plato Ave.  
Orlando, FL 32809

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide all types of upholstery services.

### ARTICLE IV SHARES

The number of shares of stock is:

1,000

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Edmundo Ramos, 1103 Plato Ave. Orlando, FL 32809; President

### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Edmundo Ramos  
1103 Plato Ave.  
Orlando, FL 32809

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Edmundo Ramos  
1103 Plato Ave.  
Orlando, FL 32809

\*\*\*\*\*

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

Edmundo Ramos  
Signature/Registered Agent

3-5-05  
Date

Edmundo Ramos  
Signature/Incorporator

3-5-05  
Date

FILED  
05 MAR -9 PM 2:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA