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Special Instructio	ns to Filing Officer:				
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Office Use Only



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## TRANSMITTAL LETTER

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

SUBJECT:	Juality Kesean	ch Solutions	
	(PROPOSED CORPO	RATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the	articles of incorporation and	I a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status  PPY REQUIRED
FROM:	Lawen Ba	ame (Printed or typed)	
	119 Lyndhu	S+ D+ Address	·
:	longwood,	FL 32779 City, State & Zip	
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NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I

The name of the corporation shall be:

Quality Research Solutions, Inc.

PRINCIPAL OFFICE

The principal place of business/mailing address is:

9 Lyndhurst Dr Ongwood, FL 32779

**PURPOSE** 

The purpose for which the corporation is organized is:

ARTICLE IV

The number of shares of stock is:

1000

INITIAL OFFICERS AND/OR DIRECTORS

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

Bachr, President Lyndhurst Drive

REGISTERED AGENT

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

, President

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

Signature/Registered Agent

Date

Date

Signature/Incorporator