5000079780

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
	_			
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
		ļ		

Office Use Only



900055502659

im/03/99--0180;--011 **/0.00

TRANSMITTAL LETTER

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

SUBJECT:	PROPOSED CORPORA	\6		
	(PROPOSED CORPORA)	re name – <u>must incli</u>	JDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the arti-	cles 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	& Certificate of Status	
FROM: Christopher Antonio Swindell Name (Printed or typed)				
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 Moving Inc.	SECT TALL
ARTICLE II PRINCIPAL OFFICE	FILED JUN -2 PH 3.1 RETARY OF STAT ANIASSEE, FLOOR
The principal place of business/mailing address is:	-2 SSE -2
2667 Pinenoll Dr.	
Tallahassee, FL 32305	$\mathbf{\omega}$
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	66 € 8
Moving business	
ARTICLE IV SHARES The number of shares of stock is:	
2	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	ì
7:4 () 11 () 1 ()	_
Chris Swindell-2726 LakerMu	uson Rd. Talla FL-Presiden
Chris Swindell-2726 LakerMun Helvin Simmons-2667 Pinenoli	Dr. Tallo, FL-president
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name address (P.O. Box NOT acceptable) and the name address (P.O. Box NOT acceptable) of the name address (P.O. Box NOT acceptable) and the name address (P.O. Bo	
Helvin Simmons	the registered agent is.
2667 Pineroll Dr.	
Iallahassee, FL 32305 <u>ARTICLE VII INCORPORATOR</u>	
The <u>name and address</u> of the Incorporator is:	
Chris Swindell	
2726 Lake Munson St.	
Tallahassee FL 32310	*********
Having been named as registered agent to accept service of process for the above st certificate, I am familiar with and accept the appointment as registered agent and ag	ated corporation at the place designated in this tree to act in this capacity
K.V.	12-06
Signature/Registered Agent	<u>6-2-05</u> Date
()L- × ///	Date (e-2-05
Signature/Incorporator	Date