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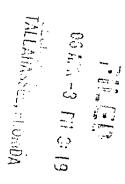
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# **COVER LETTER**

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

SUBJECT: QUALITY INSURANCE, INC (PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	~
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	d a check for:	
\$70.00 \$78.75  Filing Fee 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: ROSS TRUDEAU		₹.	
Name (	(Printed or typed)	E	06
1012 SOUTH STATE ROA	\D 7	ASS	
A	Address		Prim
HOLLYWOOD, FL 33023	State & Zip	Estadion	
954-962-8000	elenhane 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 INSURANCE, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1012 SOUTH STATE ROAD 7 HOLLYWOOD, FL 33023

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INSURANCE AGENCY

### ARTICLE IV SHARES

The number of shares of stock is:

100 CLASS ONE SHARES

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ROSS TRUDEAU - PRESIDENT/DIRECTOR 1012 SOUTH STATE ROAD 7 HOLLYWOOD, FL 33023

ARTICLE V	r re	GISTER	ED A	GENT

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

ROSS TRUDEAU 1012 SOUTH STATE ROAD 7 HOLLYWOOD, FL 33023

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**ROSS TRUDEAU** 

1012 SOUTH STATE ROAD 7

HOLLYMOOD FL 33023

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

Signature/Incerporator