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(Reque	estor's Name)			
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(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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SECTION OF STATE
TALLAHASSEE, FLORIDA

on 4/4 6/

# **COVER LETTER**

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

SUBJECT:	VQD C	oRP	
-	PROPOSED CORPORA	TE NAME - MUST INCL	
<b>√</b> \$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 o Status PPY REQUIRED
FROM:	RICHARD IVANS		- <u> </u>
_	Name	(Printed or typed)	<del>-</del>
	201 S BISCAYNE BLVD,	SUITE 400	·
	,	Audress	
	MIAMI, FL 33131		aaaaaa
	City,	State & Zip	
	305-595-1267		• _
	Daytime T	elephone 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)

FILED

06 APR 13 PM 1: 12

SECRETARY OF STATE

ARTICLE I NAME

The name of the corporation shall be:

VQXD CORF

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

201 S BISCAYNE BLVD, SUITE 400, MIAMI, FL 33131
MAILING ADDRESS: P. O. BOX 14-4597, CORAL GABLES, FL 33114

#### ARTICLE III \_ PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS

#### ARTICLE IV SHARES

The number of shares of stock is: 500

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

### ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: RICHARD IVANS, 201 S BISCAYNE BLVD, SUITE 400, MIAM!, FL 33131

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

RICHARD IVANS, 201 S BISCAYNE BLVD, SUITE 400, MIAMI, FL 33131