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(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

T. Suneus VIR J. S. SUUR!

COVER LETTER

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

SUBJECT: DALE M. Quimby, JR. INC.							
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFLX)							
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 CO					
FROM:	(0720 S. C. A. D. A. C. City, S. C. City, S. C. Daytime Te.	Printed or typed) U. 56 TH C ddress 33314	TOF STATE	FILED 06 AUG 17 PM 1:59			
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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: DALE M. QUIMBY, JR INC.		
ARTICLE II PRINCIPAL OFFICE		
The principal place of business/mailing address is: 6720 S.W. 56 TH COURT DAVIE FLORIDA 33314		
ARTICLE III PURPOSE		
The purpose for which the corporation is organized is:		
TOOL SALES		
The number of shares of stock is: 100 PAR VALUE		·
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): DALE M. QUIMBY 6720 SW 56 COU	RT DAUIE	FL 333/
		06 SE
ARTICLE VI REGISTERED AGENT		AU CRI
The name and Florida street address (P.O. Box NOT acceptable) of the reaction	gistered agent is:	FILED 06 AUG 17 PH 1 SECRETARY OF STALLAHASSEE, FL
		1. STA
ARTICLE VII INCORPORATOR		31E 31E
The <u>name and address</u> of the Incorporator is:		سد
DALE M. QUIMBY JR 6720 SW 56 CT.		
DAVIE FL 33314		•
****************	****	****
Having been named as registered agent to accept service of process for the above stated certificate, I am familiar with and accept the appointment as registered agent and agree to		ce designated in this
(craytime, 1 am juniana with and accept the appointment as registered agent and agree to	- •	
Mustine Clumby	8-14-0	6
Signature/Registered Agent	8-14-0 Date	
Vali Cint	8.14-	06
Signature/Incorporator	Date	