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| (Re | equestor's Name) | | | | |
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| PICK-UP | WAIT | MAIL | | | |
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| (Bu | isiness Entity Nam | ne) | | | |
| (Dc | ocument Number) | | | | |
| (50 | ournelle (variber) | | | | |
| Certified Copies | _ Certificates | of Status | | | |
| | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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97 OCT 18 AN 8: 2: SECRETARY OF STATE TALLAHASSEE, FLORID

\$ 1000 No. 2007

COVER LETTER

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

| SUBJECT: | QMPC, | | | | | |
|--|-----------------------------|---|--|--|--|--|
| | | (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) | | | | |
| | | | | | | |
| Enclosed are | an orig | inal and one (1) copy of the arti | cles of incorporation an | d a check for: | | |
| _ | \$70.00 ig Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED | | |
| F | ROM: | Geoff Ehrich and Troy Gosine Name (Printed or typed) | | | | |
| | 3519 NW 19th Street Address | | | | | |
| Lauderdale Lakes, Florida 33311 City, State & Zip | | | | | | |
| 954-497-2348 Daytime Telephone number | | | | | | |

NOTE: Please provide the original and one copy of the articles.

QMPC, Inc.

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:

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

QMPC. Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3519 NW 19th Street

Lauderdale Lakes, Florida 33311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all business deemed legal in Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1000 authorized. 100 issued at this time.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Geoffrey Ehrich, Director 1643 Plunkett Street, Hollywood, Florida 33020 Joshua Ehrich, Director 332 189th Street, Sunny Isles Beach, Florida 33160 Troy Gosine, Director, 10661 NW 17th Place, Plantation, Florida 33322

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: Geoffrey Ehrich, 1643 Plunkett Street, Hollywood, Florida 33020

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Geoffrey Ehrich, 1643 Plunkett Street, Hollywood, Florida 33020

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

8/20/2007 9-20-0

Date

8/20/2007 9-20-0

Date

1. H

Signature/Incorporator