

# Florida Department of State

Division of Corporations Public Access System

# Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : 120010000247 Phone : (800)494-3124 Fax Number : (561)455-9885

# FLORIDA PROFIT/NON PROFIT CORPORATION

### Theraquest Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

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## 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:

THERAQUEST INC.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

12477 JOCELYN WAY

SPRING HILL FLORIDA 34609

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity business permitted under the laws of the State of Florida.

## ARTICLE IV SHARES

The number of shares of stock is:

1500 COMMON SHARES PAR VALUE \$0.01

#### ARTICLE V INITIAL OFFICERS / DIRECTORS

The name(s), address(es), and title(s) of the directors and officers is/are:

#### **DIRECTOR & PRESIDENT:**

ANTHONY YANT 12477 JOCELYN WAY SPRING HILL FLORIDA 34609

## **VICE PRESIDENT:**

FRANK KRAFT 12477 JOCELYN WAY SPRING HILL FLORIDA 34609

#### PAGE 2 THERAQUEST INC.

#### ARTICLE VI REGISTERED AGENT

The name and Fiorida street address of the registered agent is:

**ANTHONY YANT** 

12477 JOCELYN WAY

SPRING HILL FLORIDA 34609

## ARTICLE VIX INCORPORATOR

The name and Florida street address of the incorporator is:

**ANTHONY YANT** 

12477 JOCELYN WAY

SPRING HILL FLORIDA 34609

Having been named as registered agent to accept service of process for the above 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.

ANTHONY ANT / REGISTERED AGENT

DATE

ANTHONY VANT / INCORPORATOR

11-24-45"