POBOODS ELOS

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
W082-38786				
Office Use Only				



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06/03/08--01031--010 **78.75

FILED

08 JUN 18 PM 3: 45

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: 40 AND COMPANY (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
	(PROPOSED CORPORA	ATE NAME – <u>MUST INC</u> I	LUDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l a check for: 🦸		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status		
FROM:	DAVID QUARTELL Name (Printed or typed) 126 CASA GRANDE CT Address				
	PARM BEACH GARDENS, FL 3341, City. State & Zip				
	Daytime Telephone number				

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



द्धारा च्या प्रतिक १५६ व्याप्त १८०० वर्ष स्वयान । याचा पुरुष १८०५ के तम् । प्राप्त प्रतिक्रम वर्षाच्या द्वारा प्रतिकार ।

FLORIDA DEPARTMENT OF STATE Division of Corporations

June 10, 2008

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DAVID QUARTELL 126 CASA GRANDE CT. PALM BEACH GARDENS, FL 33418

SUBJECT: 4 Q AND COMPANY Ref. Number: W08000028186

We have received your document for 4 Q AND COMPANY and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Whe the word COMPANY is proceeded by the word "and" you must listed an additional suffix. Such suffix as INC, INCORPORATED, CORP. or CORPORATION.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole Regulatory Specialist II

Letter Number: 408A00035647

A PORTON EG OF INGODEON ARION	
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:	•
40 AND COMPANY, INC.	
ARTICLE II PRINCIPAL OFFICE	
The principal street address and mailing address, if different is:	Ē. o
PARM BEACH GARDENS, FL 334/8	
PARM BEACH GARDENS, FL 33418	08 JUN 18
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
HEAZTH CARE MARKETING	FILED JUN 18 PM 3: 45 KETARY OF STATE AHASSEE, FLORIDA
ARTICLE IV SHARES	12
The number of shares of stock is: /oo	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	
DAVID QUARTELL - PRES	
126 CASA GRANDE CT	
PARM BEACH GARDENS, FL 334/8	
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the reg	istered agent is:
DAVID QUARTELL	
126 CASA GRANDE CT	
PARM BEACH GARDENS FL 334/8	
The name and address of the Incorporator is:	
DAID QUARTELL	
126 CAZA GRANDE CT	
PBG, FL 33418	*****
Having been named as registered agent to accept service of process for the above stated of certificate, I am familiar with and accept the appointment as registered agent and agree to a	
A A	6/4/08
Signature/Registered Agent	Pate,
AAA AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	6/4/02
Signature/Incorporator	Date