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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VH

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

~~DELYN~~

*Delyn Quality Services, Inc.*

Signature

Requested by:

Name

Date

Time

☒ Art of Inc. File

☐ LTD Partnership File

☐ Foreign Corp. File

☐ L.C. File

☐ Fictitious Name File

☐ Trade/Service Mark

☐ Merger File

☐ Art. of Amend. File

☐ RA Resignation

☐ Dissolution / Withdrawal

☐ Annual Report / Reinstatement

☐ Cert. Copy

☒ Photo Copy

☐ Certificate of Good Standing

☐ Certificate of Status

☐ Certificate of Fictitious Name

☐ Corp Record Search

☐ Officer Search

☐ Fictitious Search

☐ Fictitious Owner Search

☐ Vehicle Search

☐ Driving Record

☐ UCC 1 or 3 File

☐ UCC 11 Search

☐ UCC 11 Retrieval

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TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION  
OF  
DeLyn QualityServices , Inc.**

**THE UNDERSIGNED SUBSCRIBER (s) TO THESE ARTICLES OF INCORPORATION,  
NATURAL PERSON (s) COMPETENT TO CONTRACT, HEREBY FORM A CORPORATION UNDER  
THE LAWS OF THE STATE OF FLORIDA.**

**ARTICLE I - CORPORATE NAME**

**THE NAME OF THE CORPORATE IS: DeLyn Quality Services , INC.  
THE PRINCIPLE MAILING ADDRESS OF CORPORATION IS: 3518 Crassia Street, Jacksonville, FL. 32254**

**ARTICLE II - DURATION**

**THIS CORPORATION SHALL EXIST PERPETUALLY UNLESS DISSOLVED  
ACCORDING TO FLORIDA LAW.**

**ARTICLE III -PURPOSE**

**THE CORPORATION IS ORGANIZED FOR THE PURPOSE OF ENGAGING IN ANY  
ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND THE STATE OF  
FLORIDA.**

**ARTICLE IV- CAPITAL STOCK**

**THE CORPORTATION IS AUTHORIZED TO ISSUE (five hundred) SHARES  
( 500 ) OF (one) DOLLAR (s) (\$ 1.00 ) PAR VALUE COMMON STOCK, WHICH SHALL  
BE DESIGNATED "COMMON STOCK"**

**ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT**

**THE NAME AND ADDRESS OR THE INITIAL REGISTERED AGENT OF THIS CORPORATION IS:**

**NAME:** James Summers

**PRINCIPLE AND MAILING ADDRESS:** 3518 Crassia Street.

**CITY:** Jacksonville

Florida

ZIP 32254

**ARTICLE VI- INITIAL BOARD OF DIRECTORS**

**THIS CORPORATION SHALL HAVE** TWO (2) **DIRECTORS INITIALLY. THE NUMBER OF DIRECTORS MAY BE INCREASED OR DIMINISHED FROM TIME TO TIME BY THE BY-LAWS, BUT SHALL NEVER BE LESS THAN ONE (1). THE NAMES AND ADDRESS OF THE INITIAL DIRECTOR(s) OF THE CORPORATION ARE AS FOLLOWS:**

**NAME:** James Summers

**PRINCIPLE AND MAILING ADDRESS:** 3518 Crassia Street

**CITY:** Jacksonville

Florida

ZIP 32254

**NAME:** Karen Summers

**PRINCIPLE AND MAILING ADDRESS:** 3518 Crassia Street  
Jacksonville, Florida ZIP 32254

**ARTICLE VII - INCORPORATORS**

**THE NAME AND ADDRESSES OF THE PERSON(s) SIGNING THESE ARTICLES OF INCORPORATION ARE AS FOLLOWS:**

**NAME:** James Summers

**PRINCIPLE AND MAILING ADDRESS:** 3518 Crassia Street

**CITY:** Jacksonville

Florida

ZIP 32254

**NAME:** Karen Summers

**PRINCIPLE AND MAILING ADDRESS:** 3518 Crassia Street

**CITY:** Jacksonville

Florida

ZIP 32254

**CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT**

**CERTIFICATE OF REGISTERED AGENT**

**OF DeLyn Quality Services, Inc.**  
(Name of corporation)

**PURSUANT TO FLORIDA STATUE SECTIONS 48.091 AND 607.304, THE FOLLOWING  
SUBMITTED:**

**THE ABOVE CORPORTATION, DESIRING TO ORGANIZE UNDER THE LAWS OF THE  
STATE OF FLORIDA WITH ITS REGISTERED OFFICE AS INDICATED IN THE ARTICLES OF INCORPORATION**

**AT: 3518 Crassia Street  
Jacksonville, FL. 32254**

**HAS NAMED: James Summers**

**LOCATED AT THE AFORESAID ADDRESS, AS ITS REGISTERED AGENT TO ACCEPT  
SERVICE OF PROCESS WITHIN THIS STATE.**

**ACKNOWLEDGEMENT**

**HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED  
CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY  
ACCEPT TO ACT IN THIS CAPACITY, AND AGREE TO COMPLY WITH THE PROVISIONS  
OF FLORIDA LAW IN KEEPING OPEN SAID OFFICE.  
I HEREBY AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES AS  
A REGISTERED AGENT.**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
James Summers (Registered agent)

IN WITNESS WHEREOF, THE UNDERSIGNED SUBSCRIBER (s) HAVE EXECUTED THESE  
ARTICLES OF INCORPORATION THIS July 29, 2008.

x James Summers (SIGN)  
James Summers

Karen Summers (SIGN)  
Karen Summers

\_\_\_\_ (SIGN)

STATE OF FLORIDA

SS

COUNTY OF DUVAL

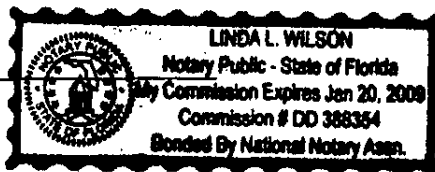
BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE ACKNOWLEDGEMENTS IN THE  
STATE AND COUNTY SET FORTH ABOVE PERSONALLY APPEARED

NAME: JAMES SUMMERS

KNOWN TO ME AND KNOWN TO BE THE PERSON (s) WHO EXECUTED THE FOREGOING  
ARTICLES OF INCORPORATION, AND WHO ACKNOWLEDGE BEFORE ME THAT  
(HE) OR (SHE)  
EXECUTED THESE ARTICLES OF INCORPORATION

IN WITNESS WHEREOF, I HAVE HEREUNTO AFFIXED MY HAND AND SEAL, IN THE  
STATE AND COUNTY AFORESAID THIS 29th DAY OF JULY 2008.

(NOTARY SEAL)



(NOTARY PUBLIC, STATE OF FLORIDA AT LARGE)

LINDA L. WILSON  
MY COMMISSION # DD388354  
MY COMMISSION EXPIRES: DECEMBER 20, 2009