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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 QualityServices, Inc.

- ✓ 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_____

Signature

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SECRETARY OF STATE
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 1 - 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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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 D 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) Linda L Wilson

LINDA L. WILSON
Notary Public - State of Florida
My Commission Expires Jan 20, 2009
Commission # DD 388354
Bonded By National Notary Assn.

(NOTARY PUBLIC, STATE OF FLORIDA AT LARGE)

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