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COVER LETTER

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

SUBJECT: QUA	ALITY LEADS, INC.		
	(PROPOSED CORPO	RATE NAME – MUST INCL	
☑ \$70.0 Filing Fe	•	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	JOHN CANDELA Nai	me (Printed or typed)	
	13255 S.W. 16TH COURT	Address	4. ————————————————————————————————————
	PEMBROKE PINES, FLORID	A 33027 lity, State & Zip	
	954-483-4377	ne Telephone number	

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

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:

QUALITY LEADS, INC.

PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

13255 S.W. 16TH COURT PEMBROKE PINES, FLORIDA 33027

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO CONDUCT ANY LAWFUL BUSINESS IN THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1.000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): JOHN CANDELA 13255 S.W. 16TH COURT PEMBROKE PINES, FLORIDA 33027 PRESIDENT

REGISTERED AGENT ARTICLE VI

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: JOHN CANDELA 13255 S.W. 16TH COURT PEMBROKE PINES, FLORIDA 33027

ARTICLE VII **INCORPORATOR**

The name and address of the Incorporator is: JOHN CANDELA 13255 S.W. 16TH COURT

PEMBROKE PINES, FLORIDA 33027

Having been pamed 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

Signature/Incorporator