

P090000012763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

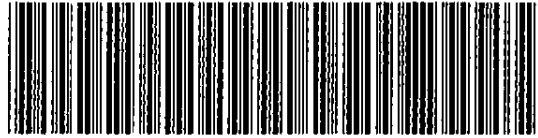
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09 FEB -9 PM 3:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MPX  
2/10

## COVER LETTER

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

SUBJECT: QBS, Inc of FL  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Pamela S. Evette  
Name (Printed or typed)

280 Hindman Rd.  
Address

Travelers Rest, SC 29690  
City, State & Zip

864-834-3985  
Daytime 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)

**FILED**

09 FEB -9 PM 3:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

QBS, Inc. of FL

**ARTICLE II PRINCIPAL OFFICE**

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

280 HINDMAN RD.  
TRAVELERS REST, SC 29690

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

FOR PROFIT EMPLOYEE LEASING Co.

**ARTICLE IV SHARES**

The number of shares of stock is:

100 COMMON

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Pamela S. EVETTE - 302 HUDMAN RD. TRAVELERS REST SC 29690  
PRESIDENT / TREASURER  
SANJA MILISIC - 7718 SHELBOURNE DR MIDDLEBURG HTS OHIO 44130  
SECRETARY

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

LYNN EVETTE  
7 WARREN PLACE  
PALM COAST, FL 32164

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

PAMELA S. EVETTE  
302 HUDMAN RD.  
TRAVELERS REST SC 29690

\*\*\*\*\*  
Having been named 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

*Lynne Evette*

Signature/Registered Agent

2/5/09

Date

*Pamela S Evette*

Signature/Incorporator

2/5/09

Date