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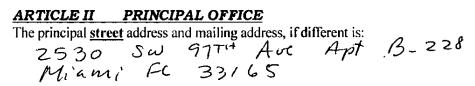
COVER LETTER

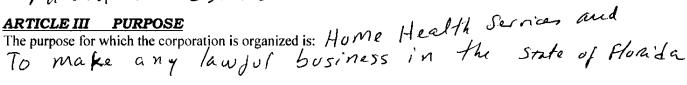
Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

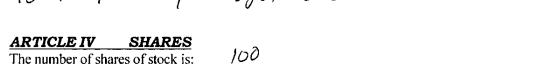
SUBJECT:	LORAN QUALI	TY SERVICE	S. INC.
	(PROPOSED CORPORA	ATÉ NAMÉ – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	icles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM:	2350 Sω 97 . M. ama	Acc Apt B-Address FL 33/6 7, State & Zip	- 228
	305 - 30 Daytime	3 – 5 3 Y S Telephone number	

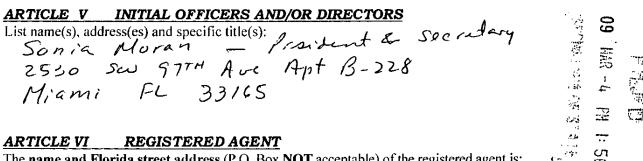
NOTE: Please provide the original and one copy of the articles.

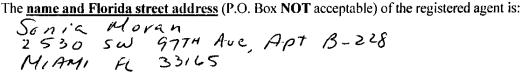
ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: MORAW QUALITY SERVICES, INC.

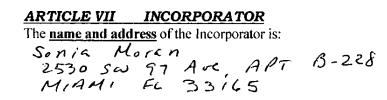












Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

