(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	ļ
(Business Entity Name)	·
(Document Number)	
ertified Copies Certificates of Status	
Special Instructions to Filing Officer:	
-W9-30331	
Office Use Only	,
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06/29/09--01036--021 **78.75

COVER LETTER

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

SUBJECT:	Global Quality Assurance Solutions, Inc.		
Enclosed are an orig	(PROPOSED CORPORA) inal and one (1) copy of the artic		
☐ \$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:		e Jervis (Printed or typed)	
	6265 N.	W. 201 Lane	
		orida 33105 State & Zip	
	847-648 Daytime Te	i-0243 (cell) lephone number	
	jjervis@qu E-mail address: (to be used	alitygcp.com for future annual report r	otification)

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



July 16, 2009

JULIE JERVIS 6265 N.W. 201ST LANE HIALEAH, FL 33105-2196

SUBJECT: GLOBAL QUALITY ASSURANCE SOLUTIONS, INC.

Ref. Number: W09000030331

We have received your document for GLOBAL QUALITY ASSURANCE SOLUTIONS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole Regulatory Specialist II

Letter Number: 509A00022464

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Foxetty doo

200 TAL TAL

Date

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

Signature/Incorporator

ARTICLE I **NAME**

 $\P_{(i_1,\ldots,i_{l_1})}$

The name of the corporation shall be:

GLOBAL QUALITY ASSURANCE SOLUTIONS, INC.

ARTICLE II PRINCIPAL OFFICE	F.C. 39
The principal street address and mailing address, if different is:	AHA AUG
Julie Jervis 6265 N.W. 201 Lane Hilea, FL 33015 <u>ARTICLE III PURPOSE</u>	ARY OF STATE ASSEE: FLORID
The purpose for which the corporation is organized is:	
TO PERFORM CLINICAL RESEARCH CONSULTING SEI	RVICES
ARTICLE IV SHARES The number of shares of stock is: 100,000	
ARTICLE V INITIAL OFFICERS AND/OR DIRECT	ORS
List name(s), address(es) and specific title(s): JULIE JERVIS - PRESIEDNT 6265 N.W. 201 LANE HILEA, FL 33015	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
JULIE JERVIS	
6265 N.W. 201 LANE	
HILEA, FL 33015	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
JULIE JERVIS	
6265 N.W. 201 LANE	
HILEA, FL 33015	
***************	**********
Having been named as registered agent to accept service of proplace designated in this certificate, I am familiar with and according to act in this capacity	
Only On	25 June 2009
Signature/Registered Agent	Date
V S.B. May 1 regulated 1 regular	Date