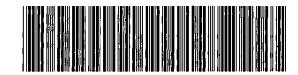
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	
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B. Mickinight IICT 2 1 250

## **COVER LETTER**

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

SUBJECT: PROPOSED CORPORA	/ / //////////////////////////////////	(EShip)  UDE SUFFIX)		
Enclosed are an original and one (1) copy of the art	icles of incorporation and	d a check for:		
S70.00 S78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED		
FROM: Kettlie Deluce Name (Printed or typed)				
3209 SW P	ort Strucie	Blud		
Post St Luc City,	State & Zip	4953		

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

E-mail address: (to be used for future annual report notification)



August 18, 2009

Same 3

KETTLIE DELUCE 3209 SW PORT ST LUCIE BLVD PORT ST LUCIE, FL 34953

SUBJECT: Q.P.S (QWIK PACK SHIP)

Ref. Number: W09000037287

We have received your document for Q.P.S (QWIK PACK SHIP) 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

## Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight Regulatory Specialist II

Letter Number: 109A00027998

	( ) IV ( ) - ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
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:	
QWIK Pack & Ship corp	
ARTICLE II PRINCIPAL OFFICE	27.
The principal street address and mailing address, if different is:	F£ 39
3209 SW PSI BIVO Port st lucie FI 34953	O9 OCT 20
ARTICLE III PURPOSE FI 34953	1 • •
The purpose for which the corporation is organized is:	En w
Shipping	EFLOND.
ARTICLE IV SHARES	
The number of shares of stock is:	
100	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	
Kettlie Deluce (OWNER) 3209 sw PSI BIVO Port St Lucie Fl 349	53
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the regist	ered agent is:
Kettlie Deluce 971 SW DAHON AVE PORT 81	- lucie A 34953
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
•	
Kettlie Deluce 3209 Sw PSI BIVD Port St Lucis	v H34953
**************************************	*******
Having been named as registered agent to accept service of process for the place designated in this certificate, I am familiar with and accept the appoint agree to act in this capacity	<del>-</del>
- Arul	9-16-09 Date
Signature/Registered Agent	Date
	9 . 1 20

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