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(Requestor's Name)

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(City/State/Zip/Phone #)

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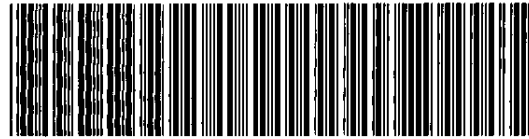
(Business Entity Name)

(Document Number)

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10 AUG 12 PM 3:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
FILED

VH

35854

## COVER LETTER

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

**SUBJECT:** Qualified HealthCare Services Inc

(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

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Terrance D Brown

Name (Printed or typed)

P.O. Box 1005

Address

Gonzalez, FL 32560

City, State & Zip

850-968-5718

Daytime Telephone number

browngonz5@aol.com

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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 30, 2010

TERRANCE D BROWN  
PO BOX 1005  
GONZALEZ, FL 32560

SUBJECT: QUALIFIED HEALTHCAE SERVICES INC  
Ref. Number: W10000035854

We have received your document for QUALIFIED HEALTHCAE SERVICES INC and your check(s) totaling \$87.50. 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.

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) 245-6962.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 810A00018493

# ARTICLES OF INCORPORATION

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

APPROVED  
AND  
FILED

10 AUG 12 PM 3:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **ARTICLE I NAME**

The name of the corporation shall be:

Qualified HealthCare Services Inc

## **ARTICLE II PRINCIPAL OFFICE**

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

1241 Chemstrand Rd

Cantonment, FL 32533

Mailing Address: P.O. Box 1005 Gonzalez, FL 32560

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To Supply Quality Maintenance to Hospitals & Medical Facilities.

## **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):

Terrance D Brown President  
1350 Conference  
Cantonment, FL 32533

## **ARTICLE VI REGISTERED AGENT**

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

Terrance D Brown  
1350 Conference Rd  
Cantonment, FL 32533

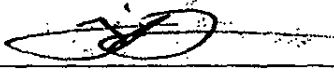
## **ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:

Terrance D Brown  
1350 Conference Rd  
Cantonment, FL 32533

\*\*\*\*\*

*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*

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Signature/Incorporator

8-10-10

\_\_\_\_\_  
Date

8-10-10

\_\_\_\_\_  
Date