

P10000081450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

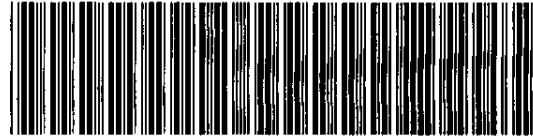
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: The Quinlan Group, 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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Ben Forehand
Name (Printed or typed)

1049 SW Biltmore Street
Address

Port Saint Lucie, Fla. 34983
City, State & Zip

772-446-7680
Daytime Telephone number

benny@1sourcedepot.com
E-mail address: (to be used for future annual report notification)

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 Quinlan Group, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
1049 SW Biltmore Street
Port Saint Lucie, Fla. 34983

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

ARTICLE IV SHARES
The number of shares of stock is: 100 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Benjamin Forehand, Pres. Sec
Address: 1049 SW Biltmore Street
Port St. Lucie, Fla. 34983

Name and Title: _____
Address: _____

Name and Title: Annemarie Forehand, V.P. & Tres.
Address: 1049 SW Biltmore Street
Port St. Lucie, Fla. 34983

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Ben T. Forehand
Address: 1049 SW Biltmore Street
Port St. Lucie, Fla. 34983

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ben Forehand
Address: 1049 SW Biltmore Street
Port St. Lucie, Fla. 34983

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


Required Signature/Registered Agent

Oct. 1, 2010
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

Oct. 1, 2010
Date

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