P100001006/1

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
		•		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(bu	isiness Enuty ivai	ne)		
(Do	cument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to	Filing Officer			
,				
		,		

Office Use Only



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2010 DEC 13 PN 3: 50

COVER LETTER

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

SUBJECT: QT Industries Corp	
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the article	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status
,	ADDITIONAL COPY REQUIRED
FROM: Jerry E Taylor Name	(Printed or typed)
6413 Lost Tree Lane	Address
Spring Hill, FL 34606 City,	State & Zip
340 642-9989 Daytime T	elephone number
Jerry@TaylorCasting.com E-mail address: (to be used	m d 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 II			
	Principal street address	Mailin	g address, if different is:
	6413 Lost Tree Lane		
د.	Spring Hill, FL 34606		
A DATAL E TIT	DIRDOCE		
ARTICLE III	vhich the corporation is organized is:		29 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 20 20 20 20 20 20 20 20 20 20 20 20
	anufacturing of fine Jewelry from pr	ecious metals)	— in
	anastaning or mile content, mem p.	00.0000.0,	A B E
			一般の表現を表現している。
			m a m
ARTICLE IV	CHAPEC		-
The number of sha			
the manner of she	100 0. 2100K 13. 0		50 50
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	ORS	
Name and T	itle: <u>Jerry E Taylor, CEO</u> 6413 Lost Tree Lane	Name and Title:	
Address:	6413 Lost Tree Lane	Address:	
	Spring Hill, FL 34606		
Name and T	itle:Qi Quan, Secretary/ Treasurer	Name and Title:	
Address:	6413 Lost Tree Lane	Address:	
	Spring Hill, FL 34606		
			
Name and T	itle:	Name and Title	
Address:		Address:	
A DOMOLE IN	DECIGORDED ACENT		
	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT acceptable) of the registered agent is:	
Name:	Jerry E Taylor		
Address:	6413 Lost Tree Lane		
	Spring Hill, FL 34606		
	INCORPORATOR		
	dress of the Incorporator is:		
Name: Address:	Jerry E Taylor 6413 Lost Tree Lane		
Addiess.	Spring Hill, FL 34606		
	•		
Having been nan	ned as registered agent to accept service of pro	cess for the above stated co	orporation at the place designated
his certificate, I a	im familiar with and accept the appointment as	registered agent and agree	to act in this capacity
			40/0/0040
	lor Required Signature/Registered Agent		12/6/2010
Jerry E Tay	lor Required Signature/Registered Agent		Date
submit this doc	ument and affirm that the facts stated herein	are true. I am aware that	the false information submitted in
locument to the L	Department of State constitutes a third degree fe	lony as provided for in s.81	7.155, F.S.
		· · ·	
	Required Signature/Incorporator	,	12/6/2010
	Required Signature/Incorporator		Date