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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

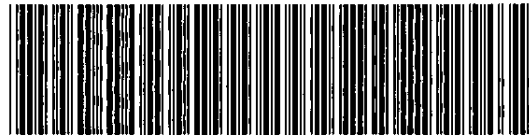
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11 AUG 12 PM 2:16  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MRD  
8/15

## COVER LETTER

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

**SUBJECT:** Quotes 4 Notes, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Chad Mott

Name (Printed or typed)

234 E. Kathy Lane

Address

Freeport, FL 32439

City, State & Zip

850-259-8751

Daytime Telephone number

ChadHM21@live.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**

Quotes 4 Notes, Inc.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
234 E. Kathy Lane  
Freeport, FL 32439

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To participate in the commercial fishing industry.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Chad Mott President

Address: 234 E Kathy Lane  
Freeport, FL 32439

Name and Title:

Address:

Name and Title: Travis Chunn Vice President

Address: 732 Spring Lake Dr.  
Destin, FL 32541

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: Chad Mott

Address: 234 E Kathy Lane  
Freeport, FL 32439

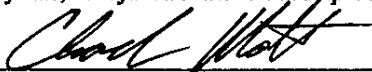
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Chad Mott

Address: 234 E Kathy Lane  
Freeport FL 32439

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

8/9/2011  
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

8/9/2011  
Date

FILED  
11 AUG 12 PM 2:17  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA