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(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

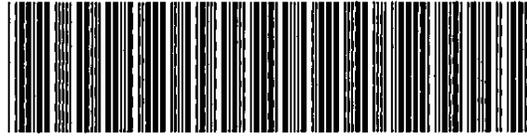
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 OCT - 1 PM 1:28

85.10/101



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
12 OCT -1 PM 1:10

September 18, 2012

COREY W LATTA  
11780 SW 2ND ST  
PLANTATION, FL 33325

SUBJECT: QUALITY EQUIPMENT, INC.  
Ref. Number: W12000048018

We have received your document for QUALITY EQUIPMENT, 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 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.**

Please return 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) 245-6052.

Pamela Smith  
Regulatory Specialist II

Letter Number: 012A00023399

**COVER LETTER**

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

**SUBJECT: Quality Lift Equipment, Inc. Corey**  
**(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: Corey W. Latta  
Name (Printed or typed)

11780 SW 2nd St.  
Address

Plantation, FL 33325  
City, State & Zip

954-224-7352  
Daytime Telephone number

DLlatta27@aol.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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME** Quality Lift Equipment, Inc.  
The name of the corporation shall be:

12 OCT -1 PM 1:28

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
11780 SW 2nd St.  
Plantation, FL 33325

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
Sales of Vehicle Equipment

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

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

Name and Title: Corey W. Latta, President  
Address: 11780 SW 2nd St.  
Plantation, FL 33325

Name and Title: Corey W. Latta, Secretary/Treasurer  
Address: 11780 SW 2nd St.  
Plantation, FL 33325

Name and Title: Daniel L. Latta, Director  
Address: 11780 SW 2nd St.  
Plantation, FL 33325

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: Corey W. Latta  
Address: 11780 SW 2nd St.  
Plantation, FL 33325

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Corey W. Latta  
Address: 11780 SW 2nd ST.  
Plantation, FL 33325

*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

9-24-12

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

9-24-12

Date