P14000023507

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

2545. WH000012942



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SEGMENT OF STATE

3/12/14

COVER LETTER

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

SUB	_{лест:} Quir	nn Homes, IInc. (PROPOSED CORPORA	TE NAME – <u>MUST INCLI</u>	UDE SUFFIX)		
Enclo	osed are an origi	inal and one (1) copy of the arti	icles of incorporation and	l a check for:		
	\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED		
	FROM: Ja	mes Kelly Spen	Cer (Printed or typed)			
	49	77 Felecity Way	•	······································	14	3
	Pa	alm Harbor, FL 3	4685		14 MAR 10	
	72	27-365-2756	State & Zip) PH 2:	RY OF SI
		Davtime T	elenhone number			

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

quinnhomesinc@gmail.com

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 27, 2014

JAMES KELLY SPENCER 4977 FELECITY WAY PALM HARBOR, FL 34685

SUBJECT: QUINN HOMES, IINC. Ref. Number: W14000012942

RECEIVED

We have received your document for QUINN HOMES, IINC. and your check(s) totaling \$78.75. 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 314A00004416

14 MAR IO PH 2. II

March 7, 2014

James Kelly Spencer 4977 Felecity Way Palm Harbor, FL 34685

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

Subject: Quinn Homes, IINC.

Ref. #: W14000012942

Dear Sirs,

I am verifying that I have no intention of reinstating Quinn Homes, Inc. as a corporation therefore releasing the name for use by Quinn Homes, IINC..

Thank You,

James Kelly Spencer

14 MAR 10 PH 2: 44

ARTICLES OF INCORPORATION

ARTICLES OF INCORPORATION

SEUNLIARY OF STATE

JEVISTIA OF CORPORATIONS

RTICLE I NA	ME Quinn Homes, Inc.		14 MAR 10 I	PM 2: 4
e <i>ticle II - pe</i> 977 Felec	INCIPAL OFFICE Principal street address ity Way	1	Mailing address, if different is:	
Palm Harbo	or, FL 34685			
RTICLE III PU	RPOSE the corporation is organized is:	ruction C	ontracting	
RTICLE IV SE	IARES 1000			
RTICLE V IN	ITIAL OFFICERS AND/OR DIRECTOR			
RTICLE V IN		_		
RTICLE V IN	ITIAL OFFICERS AND/OR DIRECTOR	_		
Name and Ti	rtial officers and/or director le:_lames Kelly Spencer Pres.	Name and Title:		
Name and Ti	James Kelly Spencer Pres. 4977 Felecity Way	Name and Title:		
Name and Tit Address	James Kelly Spencer Pres. 4977 Felecity Way	Name and Title: Address:		
Name and Tit Address	rtial officers and/or director le: James Kelly Spencer Pres. 4977 Felecity Way Palm Harbor, FL 34685	Name and Title: Address: Name and Title:		
Name and Tit Address Name and Tit	rtial officers and/or director le: James Kelly Spencer Pres. 4977 Felecity Way Palm Harbor, FL 34685	Name and Title: Address: Name and Title:		
Name and Tit Address Name and Titl Address	rtial officers and/or director le: James Kelly Spencer Pres. 4977 Felecity Way Palm Harbor, FL 34685	Name and Title: Address: Name and Title: Address:		
Name and Tit Address Name and Titl Address	rtial officers and/or director le: James Kelly Spencer Pres. 4977 Felecity Way Palm Harbor, FL 34685	Name and Title: Address: Name and Title: Address:		

Name a	ind little:	Name and Title:
Addre	SS	Address:
ARTICLE VI The name and I Name: Address:	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of James K. Spencer 4977 Felecity Way Palm Harbor, FL 34685	
ARTICLE VII		_
he <u>name and a</u> Name: Address:	James K. Spencer 4977 Felecity Way Palm Harbor, FL 34685	- -
submit this de	I am familiar with and accept the appointment as re Required Signature/Registered Agent ocument and affirm that the facts stated herein are	true. I am aware that the false information submitted in a
locument to the	Required Signature/Incorporator	9 (14/14) Date
		14 MAR 10 PM 2: 44