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(Re	questor's Name)	
	dress)	
(Ad	aress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		-
		!





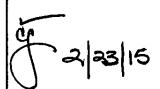
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SECRETARY OF STATE



COVER LETTER

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

SUBJECT: Q	AMM PROPE (PROPOSED CORPORA	RTIES , TENAME- <u>MUSTINCL</u>	INC. UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	d a check for:	
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO	PPY REQUIRED	
<u>4</u>	INCENT AND Name 1600 140 TO SUITE 210 LEARWATER, City,	H AVE		
	City, 727-669-88 Daytime T A @ RSAIB. E-mail address: (to be used)	elephone number	SECRETAL SECRETARY	ココ

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

EFFECTIVE DATE U2 16 15

		VE DATE DATE OF INCORPORATION r 607 and/or Chapter 621,		15 A	
ARTICLE I NAM The name of the corpora	tion shall be: QAMM	PROPERTIE	S, INC		6
ARTICLE II PRI	NCIPAL OFFICE Principal street address		Mailing address, if	different is:	
4600 140	OTH AVE N.	_		· · · · · · · · · · · · · · · · · · ·	
SUITE	210				~ —
CLEARWA	TER, FL. 337	62			
The purpose for which t	he corporation is organized is:				
The number of shares of	ARES stock is: <u> 0 00 0</u>	RECTORS			
	PRESIDENT ADDOL	♥ 1510 Name and Titl	e:		
Address	4600 140 TH AVE SUITE 210	Address:			
	CLEARWATER, F			 	~ ~ ~
Name and Title	ANNA HARLA ADDI	ON IS/OName and Titl	le:		
Address	4600 140 TH AV SUITE 210 CLEARWATER, F	E N. Address:			
	CLEARWATER, F	<u>-L. 33</u> 762_			
Name and Title:		Name and Titl	e:		
Address		Address:			
		 	-		

Name and	Title: Name and Title:
Address	Address:
	REGISTERED AGENT
The <u>name and Flo</u>	rida street address (P.O. Box NOT acceptable) of the registered agent is:
Name:	ANNA M. FEOLA
Address:	4600 140 TH AVE N. SUITE 210 CLEARWATER, FL. 33762
	CLEARWATER, FL. 33762
ARTICLE VII	INCORPORATOR
The name and add	ress of the Incorporator is:
Name:	VINEENT ADDONISIO
Address:	4600 140 TH AVE N. SUITE 210 CLEPRWATER, FL. 33762
	CLEARWATER, FL. 33762
ARTICLE	VIII EFFECTIVE DATE: FEBRUARY 16, 2015
Having been name this certificate, I ar	d as registered agent to accept service of process for the above stated corporation at the place designated in In familiar with and accept the appointment as registered agent and agree to act in this capacity
Una a	1 Deolo 02-16-15
	Required Signature/Registered Agent $OJ - 18 - 15$ Date
I submit this document to the Do	ment and affirm that the facts stated herein are true. I am aware that the false information submitted in a spartment of State constitutes a third degree felony as provided for in s.817.155, F.S.
Vince	Required Signature/Incorporator O2-16-15 Date
	, 5 and state experience

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15 FEB 19 PN 3-17

SEDEFIARY OF STATE
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