## P150000 68700

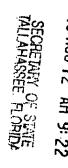
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(======================================				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

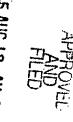
Office Use Only



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## **COVER LETTER**

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

SUBJECT:	QuickFund, Inc.				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an	original and one (1) copy of the art	icles of incorporation and	d a check for:		
■ \$70.0 Filing Fe		\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM:					
	Namo	(Printed or typed)			
	278 S. 5th Ave.				
		Address			
	Middleport, Ohio 45760				
•	City, State & Zip				
	740-304-0688				
	Daytime Telephone number				
	robwbright@yahoo.com				
•	E-mail address: (to be used	for future annual report n	otification)		

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)

APPHOVEL FILED
FILED

15 AUG 12 AM 9: 22 ARTICLE I NAME QuickFund, Inc. The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE Mailing address, if different is Principal street address 5350 SE 146th Lane Summerfield, FL 34491 The purpose for which the corporation is organized is: \_\_\_\_ the laws of the United States of America. ARTICLE IV SHARES 100,000 The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Larry Diffey, President/Secretary Name and Title: 202 Cedar Lane Address Address: Cedar Creek, TX 78612 Rick Morris, Vice Pres/Treasurer Name and Title: \_\_ Name and Title:\_ 5350 SE 146th Lane Address \_ Address: Summerfield, FL 34491 Name and Title: Name and Title: Address Address:



Name and	d Title:	Name and Title:	15 AUG 12 AM 9: 22
Address		_ Address: _	SECRETARY OF STATE TALLAMASSEE, FLORIDA
			FRANKICH TOWNSIA, CERTOTEP
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			· · · · · · · · · · · · · · · · · · ·
ARTICLE VI	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) o	fiha ragistared ages	nt ie:
i ne <u>name and ri</u>	Rick Morris	i ille registered agei	it is.
Name:		-	` ;
Address:	5350 SE 146th Lane	_	كمر
	Summerfield, FL 34491		,
		_	
ARTICLE VII	<u>INCORPORATOR</u>		: *
The name and ad	Idress of the Incorporator is:		
-	Robert W. Bright .		
Name:		-	٠
Address:	278'S. 5th Ave.	<del>-</del>	
	Middleport, Ohio 45760	_	
		•	
ARTICLE VIII	EFFECTIVE DATE: July 1, 2015		
Effective date, if	other than the date of filing:		TIONAL)
days after the fil	ate is listed, the date must be specific and canno ing.)	ot be more than in	ve business days prior of 50 business
Note: If the date	inserted in this block does not meet the applicable fective date on the Department of State's records.	statutory filing req	quirements, this date will not be listed as
the document ser	receive date on the pepartment of state 3 records.	<u>\</u>	
	ned as registered agent to accept service of process am familiar with and accept the appointment as rej		
Rive	MM Mymin Required Signature/Registered Agent		7/20/2015
	Required Signature/Registered Agent		Date
I submit this doc	ument and affirm that the facts stated herein are	true. I am aware	that the false information submitted in a
aocument to the l	Department of State constitutes a third degree felor	iy as proviaca jor i	-1./-
1/	7 /4		8/8/15
Requi	red Signature/Incorporator	<u> </u>	/ /Date