

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION AQM, INC.

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Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| ARTICLEI NAME | tion shall be: AQM, Inc. | | |
|---------------------------|--|--|-------------------------|
| | | | |
| ARTICLE II PRINC | <u> IPAL OFFICE</u> Principal <u>street</u> address | Maria de la compansión de | d (4.1150) |
| 2385 N. W. Executive (| Senter Drive, Suite 100 | Maintely: | dress, if different is: |
| Boca Raton, FL 33431 | | | |
| | | | |
| | | | |
| ARTICLEIII PURPO | ose | | |
| The purpose for which th | SE to be a recorporation is organized is: | nanageinen! company. | |
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| ARTICLE IV SHARE | 'S 100 | | |
| The number of shares of s | et 100 rtock is: | | |
| | | | |
| ARTICLE V INITIA | L OFFICERS AND/OR DIRECTORS | | |
| | Dishard A Tanashan Disaster | | |
| Name and Title: | | Name and Title: | |
| Address | 2101 Corporate Blvd., Suite 100 | Address: | |
| | Boca Raton, FL 33431 | | |
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| | | | 375 |
| Name and Title: | | Name and Title: | 27 a F |
| | _ | | C In F |
| Address | | Address: | |
| | | | 53 87 5 |
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| | | | 120 |
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| Name and Title: | | Name and Title: | |
| | | | |
| Address . | | Address: | |
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| | | | |

| Name a | nd Title: | Name and Title: |
|--|--|--|
| Addres | | Address: |
| ARTICLEVI | REGISTERED AGENT | |
| The name and F | Clorida street address (P.O. Box NOT acceptab M & W Agents | le) of the registered agent is: |
| Name: | 2101 Corporate Blvd., Suite 107 | |
| Acutess. | Boca Raton, FL 3343! | |
| ARTICLE VII | INCORPORATOR | • . |
| The name and a | ddress of the Incorporator is: | |
| Name: | Richard A. Josepher | |
| Address: | 2101 Corporate Blvd., Suite 107 | |
| | Boca Raton, FL 33431 | |
| Effective date, if (If an effective of days after the fi | ling.) | (OPTIONAL) unnot be more than five business days prior or 90 business |
| Note: If the date the document's e | e inserted in this block does not meet the applic Mective date on the Department of State's reco | able statutory filing requirements, this date will not be listed as rds. |
| Having been nat this certificate, I | med as registered ugent to accept service of pro um familiar with and accept the appointment q | ocers for the ubove stated corporation at the place designated in screen and agree to uce in this capacity |
| | Required Signature/Registered Agent | Dato' |
| I submit this document to the | cument and affirm that the facis stated herein Department of State constitutes orbited degree j | are true. I am aware that the false information submitted in a felony as provided for in s.817.155, F.S. |
| D | ired Senature/Incorporator | 14/3/5- Date |
| , | new Segment of the College of the Co | , , , , , , , , , , , , , , , , , , , |
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