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OCT 18 2016

T. SCOTT



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10/14/16--01026--010 **78.75

16 OCT 14 AM 9:17

COVER LETTER

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

SUBJECT: QUINTESSENTIAL CONSULTING, INC.

(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: QUINTON VAN GRAAN
Name (Printed or typed)

529 VERA CRUZ DRIVE
Address

DESTIN FL 32541
City, State & Zip

706-346-5574
Daytime Telephone number

COUNTRYPRO1@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)

ARTICLE I NAME

The name of the corporation shall be: QUINTESSENTIAL CONSULTING, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

529 VERA CRUZ DRIVE

DESTIN FL 32541

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE FOR THE GENERAL PUBLIC SALES

PERFORMANCE CONSULTING SERVICES IN ACCORDANCE WITH ALL APPLICABLE FEDERAL, STATE,
AND LOCAL LAWS.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: QUINTON VAN GRAAN, PRESIDENT

Name and Title: QUINTON VAN GRAAN, SECRETARY

Address 529 VERA CRUZ DRIVE

Address: 529 VERA CRUZ DRIVE

DESTIN FL 32541

DESTIN FL 32541

Name and Title: INTENTIONALLY LEFT BLANK

Name and Title: INTENTIONALLY LEFT BLANK

Address

Address:

Name and Title: INTENTIONALLY LEFT BLANK

Name and Title: INTENTIONALLY LEFT BLANK

Address

Address:

Name and Title: INTENTIONALLY LEFT BLANK

Name and Title: INTENTIONALLY LEFT BLANK

Address

Address:

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: QUINTON VAN GRAAN

Address: 529 VERA CRUZ DRIVE

DESTIN FL 32541

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: QUINTON VAN GRAAN

Address: 529 VERA CRUZ DRIVE

DESTIN FL 32541

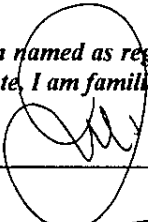
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: OCTOBER 5, 2016. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

10/05/16

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

10/05/16

Date