## P18000062335

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

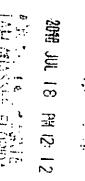
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## **COVER LETTER**

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

SUBJECT: Quantum	n Engineering Group. Inc.		
SUBJECT.	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Nam 7 Hampton Woods Way	e (Printed or typed)	
	•	Address	
Tall	ahassee, FL 32311		
	City	State & Zip	
	Daytime 7	Telephone number	
	E-mail address: (to be use	d for future annual report i	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)

The name of the corporat	tion shall be Due to E.		
ARTICLE II PRINC			g address, if different is:
5547 Hampton Woods V	Way		
Tallahassee, FL 32311	. 1987 1-78 1-87	-	
ARTICLE III PURPO The purpose for which the	DSE Engineering En	ng Services	
ARTICLE IV SHARI The number of shares of			PIL SELECTION AND ANASSISSISSISSISSISSISSISSISSISSISSISSISSI
	L OFFICERS AND/OR DIRECTORS  Ezzeldin M. Benghuzzi, President	Name and Title:	
Address	5547 Hampton Woods Way	Address:	20 <b>(a</b>
	Tallahassee, FL 32311	<del>-</del>	
Name and Title:		Name and Title:	
Address			
Name and Title:			
Address	<del></del>		

Name ar	nd Title:	Name and Title:
Addres	s	Address:
		<del> </del>
	REGISTERED AGENT  Iorida street address (P.O. Box NOT accepted)	ble) of the registered agent is:
Name:	Ezzeldin M. Benghuzzi	
Address:	5547 Hampton Woods Way	
Ta	Tallahassee, FL 32311	
ARTI <u>CLE VII</u>	INCORPORATOR	
The <u>name and a</u>	ddress of the Incorporator is:	
Name:	Ezzeldin M. Benghuzzi	188 T
Address:	5547 hampton Woods Way	FILED 2001 JUL 18 PHIZ: 1 344.NSSFs 1, 314.33
	Tallahassee, FL 32311	
ARTICLE VIII	EFFECTIVE DATE:	
	f other than the date of filing:	(OPTIONAL)
(If an effective of filing.)	date is listed, the date must be specific and	cannot be more than five days prior or 90 days after the
Note: If the date he document's	e inserted in this block does not meet the apple effective date on the Department of State's re-	icable statutory filing requirements, this date will not be listed ords.
		rocess for the above stated corporation at the place designat
		as registered agent and agree to act in this capacity
Uffeller	In M V D/MM	07/18[2018
submit this do	Required Signature Registered Age	nt Date  In are true. I am aware that the false information submitted
document to the	Department of State constitutes a third degre	e felony as provided for in s.817.155, F.S.
IIII	WIM MIDAMM	07/18/2018
VIII Dagu	ired Signature/Incorporator//	Date

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