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**P2300077303**  
Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

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Account Number : 120030000043  
Phone : (800)342-9856  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
PQA INC**

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Dec. 27. 2023 12:21PM

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

TIA No. 109204P. 2 2003

ARTICLE I NAME

The name of the corporation shall be: POA INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is.

5380 N OCEAN DR. 6C

RIVIERA BEACH, FL 33404

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SECURITY

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PETER QUINN/PRESIDENT

Name and Title: \_\_\_\_\_

Address 5380 N OCEAN DR. 6C

Address: \_\_\_\_\_

RIVIERA BEACH, FL 33404

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: PETER QUINN

Address: 5380 N OCEAN DR 6C

RIVIERA BEACH, FL 33404

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LAWRENCE KIRSCH

Address: 41 STATE STREET SUITE 700

ALBANY, NY 12207

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 1/1/2024 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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*

/S/ PETER QUINN

Required Signature/Registered Agent

12/27/23

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.*

Lawrence A. Kirsch  
Required Signature/Incorporator

12/27/23  
Date

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