# TBNS/ITT/LUTE/95/2

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

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SUBJECT:	Quiet	Waters	Inc.,				
	(Proposed co	rporato namo - n	nust include si	Iffix)	_		
Enclosed is an o	riginal and one (1	) copy of the	articles of	incorporatio	n and :	a cho	ck
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T. BROWN FEB - 6 1995

NOTE: Please provide the original and one copy of the articles.



95 JAN 31 AM 9-42
TALLAMASSEE, TO SOLA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

Quiet Wicters, Inc.,

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5001 S. University Dr Ste B Davie Florida 33328

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MR. JOHN T MEADOWS
5001 S. University Dr Ste B
Davie Florida 33328

## ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

MR ALLANIN GERMAN
15560 LANGEALUT COURT
DAVIE FLORIDA 33331

MR JOHN T. MEADOWS
5001 S. UNIVERSITY DR STEB
DAVIE FLORIDA 33328

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

Signature

Articles of Incorporation Filing Fee - \$35

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name	of the corporation is: Quiet waters, Inc.,
2. The name	and address of the registered agent and office is:
	The state of the s
	MR. SOUR T. MLADOWS
-	(Name)
	SOOI S. University Dr B'
_	(P.O. Box not acceptable)
	Davic Florida 38328
-	(City/State/Zip)
	(Orty/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature) 1. 19 45