# P9500051280

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

SUBJECT: <u>Expe</u> (P	RT OHALTTY SERVICE INC roposed corporate name - must include so	uffix)
Enclosed is an original for:	and one (1) copy of the articles of	Incorporation and a check
FROM:	Name (printed or typed)	Id Locke
	10069 N.Florida Ave	
	Address	8
	Tampa, F1-33612	

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

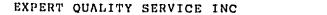
City, State & Zip

Daytime Telephone number

(813)933-7138

### ARTICLES OF INCORPORATION





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

#### ARTICLE I NAME

The name of the corporation shall be:

EXPERT QUALITY SERVICE INC

#### ARTICLE II PRINCIPAL OFFICE

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

10069 N.florida Ave Tampa, F1-33612

#### ARTICLE III SHARES

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

One Hundred

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

HAROLD LOCKE

10069 N.florida Ave Tampa, F1-33612

#### ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorpora-

tion is(are):	·
Harold Lacre	10069 N.Florida Ave Tampa, F1-33612
The undersigned incorporator(s) has()	nave) executed these Articles of Incorporation this
	, 19
× Jarold	Sprature
Guele Shill BUSAN L. PEARSON	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: EXPERT QUALITY SERVICE	TNC
2. The name and address of the registered agent and office is:	(10) <b>(1)</b>
Junald Locke	
(Name)	14 - 15 (A)
10069 N.Florida Ave	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(P.O. Box not acceptable)	်း င်ကျိုင်ဆ
Tampa, F1-33612	
(City/State/Zip)	<del></del>

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.

X Jurald Lacre PRESIDENT