

796000057699

TRANSMITTAL LETTER

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

SUBJECT: Professional Quality Inspections Inc.
(Proposed corporate name - must include suffix)

700001886387
-07/08/96--01058--020
*****78.75 *****78.75

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: Craig H. P. Fman
Name (printed or typed)

2471 Roxbury Cir
Address

North Port FL 34287
City, State & Zip

941 426 1116
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 JUL -8 AM 9:38

FILED

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

7-10-96
KR

ARTICLES OF INCORPORATION

FILED

96 JUL -8 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Professional Quality Inspiring Inc.

ARTICLE II PRINCIPAL OFFICE

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

2471 Roxbury Cir.
North Port FL 34287

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Craig Hoffman
2471 Roxbury Cir.
North Port FL 34287

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Craig Hoffman
2471 Roxbury Cir.
North Port FL 34287

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

X 3 day of July, 1996.

X Craig W. Hoffman
Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:

Professional Quality Tapering Inc.

2. The name and address of the registered agent and office is:

Craig Hoffman
(NAME)

2471 Boxbury
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

North Port FL 34287
(CITY/STATE/ZIP)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 JUL -8 AM 9:38

FILED

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 Craig W. Hoffman
(SIGNATURE)

X 7/3/96
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

P96000057699

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 22, 1997

PROFESSIONAL QUALITY INSPECTIONS, INC.
2471 ROXBURY CIRCLE
NORTH PORT, FL 34287

SUBJECT: PROFESSIONAL QUALITY INSPECTIONS, INC.
Ref. Number: P96000057699

Debit Memo #: 8097-C

This is to inform you that check #103 in the amount of \$165.00 submitted with the annual report for PROFESSIONAL QUALITY INSPECTIONS, INC. has been returned by your bank because of ACCOUNT CLOSED.

We request you remit a cashier's check or money order, referencing the above named debit memo number, in the amount of \$180.00 made payable to the Department of State to cover the unpaid fees and service charge.

Section 607.1421 or 617.1421, Florida Statutes, requires at least 60 day notice of our intent to administratively dissolve or revoke your corporation for failure to file the annual report and pay the filing fee. Consider this your 60 day notice if the payment is not received, your corporation will be administratively dissolved or revoked on or after July 22, 1997 and a reinstatement fee of an additional \$585 will be imposed to reactivate the corporation.

Please send the replacement check to my attention at the address listed below.

If you have any questions concerning the filing of your document, please call (904) 487-6057.

Pat Bailey
Accountant I

Letter Number: 697A00027882

P96000057699

June 6, 1997

500002205995--5
-06/09/97--01115--017
*****15.00 *****15.00

REPLACEMENT FEE 1997

SERVICE FEE: PROFESSIONAL QUALITY
INSPECTIONS, INC.

DEBIT MEMO: # 8097-C

CHECK #: 103

Professional Quality Inspections, Inc.

P.O. Box 7021

North Port, Fl. 34287 - 0021

(941) 426 - 8980



P96000057699

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

Dear Sir/Madam,

300002228563--6
-07/02/97--01019--001
*****35.00 *****35.00

I would like instructions on how to dissolve my corporation. My corporation number is P96000057699. Please advise.

Thank you

Craig W. Huffman

Craig W. Huffman

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JUL -2 AM 9:45

Diss. SF 7/2/97

ARTICLES OF DISSOLUTION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JUL -2 AM 8:45

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: Professional Quality Inspections, Inc.

SECOND: The date dissolution was authorized: June 25, 1997

THIRD: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by vote of the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signed this 25 day of June, 19 96

Signature

Craig W. Huffman

(By the Chairman or Vice Chairman of the Board, President, or other officer)

Craig W. Huffman

(Typed or printed name)

President

(Title)