(SAMPLE LETTER OF TRANSMITTAL) 9/10/20 Florida Department of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314 Re: Q/100v Taker Drises, Inc. Gentlemen: Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50. This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation. Very truly yours. Lue M. (alhoun (Individual's Name) MAILING ADDRESS OF CORPORATION

Area Code

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ARTICLES OF INCOR  of  Q/AOUN JAHARON'S  (name of corporat	25 +NC. 10 PH 4: 10%		
The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adoptos) the following articles of incorporation for such corporation:			
ne ronowing arrives of mediporation for such corporation.			
The name of the corporation is: $\frac{ARTICLE \ I - CORPORA}{a/llov}$	terfrises Lac.		
ARTICLE II - DURATION			
This corporation shall exist perpetually unless dissolved according to Florida law.			
ARTICLE III - PURPOSE			
The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.			
ARTICLE IV - CAPITA  The corporation is authorized to issue 500 shares of com-	mon stock, par value \$ 1.00 per share.		
ARTICLE V - INITIAL PRINCIPAL OFFICE  The street address of the initial principal office and, if different, the mailing address is:			
STREET ADDRESS 6333 NE 5955 Ga	nesviile, F/ 32609		
	/		
	ORIDA ZIP 32609		
Mailing address, if different			
STREET ADDRESS SILLY CLS CLEDUL			
CITY	Onina		
	ORIDA ZIP		
ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT			
The street address of the initial registered office and the name of the initial registered agent at the office is:			
NAME LOP N. Calhour			
ADDRESS (0333) NE 59/4 5/	(A)		
CITY (Saines Willy F	LORIDA ZIP 32609		

the

## ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have( either increased or diminished from time to time by the By addresses of the initial director(s) of the corporation are as	-Laws, but shall never be less	y. The number of directors may be than one (1). The names and	
	(president)		
ADDRESS (3333 NE 59H SK			
CITY Gainesville, Fl	STATE	ZIP 32609	
NAME Les N. Calhour			
ADDRESS 6333 NE 5914 5/			
CITY (cainosville, FI	STATE	ZIP 32609	
NAME			
ADDRESS			
CITY	STATE	ZIP	
ARTICLE VIII - INCORPORATORS			
The names and addresses of the incorporators signing these Articles of Incorporation are as follows:			
NAME Lue M. Calhour			
ADDRESS 10333 NE 5945+			
CITY Gainesville F	STATE	ZIP 32609	
NAME Lee 1) Calhour		/	
ADDRESS 6333 NE 594 51			
CITY Carnesville, Fl	STATE	ZIP 32609	
NAME			
ADDRESS			
CITY	STATE	ZIP	
The undersigned incorporator(s) have executed these day of	, 1997.	a Club (Signature)	
		(Signature)	

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE



(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

has named Lee N. Calhour

located at the aforesaid address, as its registered agent to accept service of process within this state.

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)

(Date)