

P970000037306

TRANSMITTAL LETTER

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

800002146478--1  
-04/17/97--01077--015  
\*\*\*\*\*78.75 \*\*\*\*\*73.75

SUBJECT: Quote Busters T.L.C. Package Co.  
(Proposed corporate name - must include suffix)

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:

Quote Busters

Name (printed or typed)

1799 W. St. Rd. 2 #13

Address

Margate FL 33063

City, State & Zip

LISA

GAVE

AUTHORIZATION BY PHONE TO

CORRECT

Article 14

DATE

4/25/97

DOC. EXAM.

BM

954-977-2600

Daytime Telephone number

FILED  
97 APR 25 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

W97-9103  
BM 4/21/97



**FLORIDA DEPARTMENT OF STATE**

**Sandra B. Mortham**  
Secretary of State

April 21, 1997

**QUOTE BUSTERS**  
1799 N. ST. RD. 7  
#13  
MARGATE, FL 33063

**SUBJECT: QUOTE BUSTERS T.L.C. PACKAGE, CO**  
Ref. Number: W97000009103

We have received your document for QUOTE BUSTERS T.L.C. PACKAGE, CO and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must be identical throughout the document.

The document must state the number of shares of authorized stock.

The registered agent designated must be an active Florida corporation or limited liability company or a foreign corporation or limited liability company authorized to transact business in Florida. Please correct the document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6931.

Becky McKnight

Letter Number: 597A00020187

## ARTICLES OF INCORPORATION

*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:

QUOTE BUSTERS T.L.C. PACKAGE CO.

### ARTICLE II PRINCIPAL OFFICE

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

1799 N. St. Rd 7#13  
Margate FL 33063

### ARTICLE III SHARES

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

~~100~~ 100

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

QUOTE BUSTERS Insurance Agency, Inc.  
~~QUOTE BUSTERS Insurance Agency, Inc.~~  
1799 N. St. Rd. 7#13  
Margate FL 33063

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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):

Lisa S. Lentz  
1799 N. St Rd. 7 #13  
Margate FL 33063

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

14 day of April, 19 97.

(An additional article must be added if an effective date is requested.)

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**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: Quote Busters T.L.C. Package, Co.

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

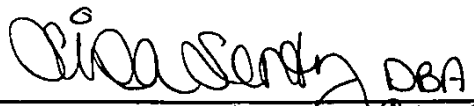
Quote Busters Insurance Agency, Inc.  
(NAME)

1799 D. St. Rd. 7 #13  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Margate FL 33063  
(CITY/STATE/ZIP)

FILED  
97 APR 25 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.*

 DBA  
(SIGNATURE) Quote Busters Insurance  
4/14/97  
(DATE)