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

Q-SPORTS, INC.

FLO	RIDA	GATC	PRS

CORRECTIONS

6-16-97

OUT of Bounds: Changeo NEW NAME: Q-STORTS INC.

toint of Control Quing work hours

s of incorporation and a check for :

\$122.50

図\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

Name (Printed or typed)

789,502,706,671 ±
13723 (3

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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 11, 1997

MELVIN J. ROBERTS 13620 S.W. 284TH TERRACE HOMESTEAD, FL 33033

SUBJECT: OUT OF BOUNDS, INC. Ref. Number: W97000013723

We have received your document for OUT OF BOUNDS, INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name DOES NOT constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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) 487-6972.

Doris Brown Document Specialist

Letter Number: 997A00031492

ARTICLES OF INCORPORATION

Q-05 PCRU INC.

97 JUN 20 AM 10: 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I. CORPORATE NAME

The name of this corporation is Q-SPRTS , INC.

ARTICLE II. PRINCIPAL OFFICE

The principal place of and mailing address of this corporation is 13620 South West 285 Terrace, Homestead, Florida 33033.

ARTICLE III. CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is five thousand (5,000).

ARTICLE IV. INITIAL REGISTERED AGENT AND OFFICE

The name and address of the initial registered agent is Melvin J. Roberts at 13620 South West 285 Terrace, Homestead, Florida 33033.

ARTICLE V. INCORPORATORS

The names and addresses of the incorporators of these articles of incorporation is: Mr. Melvin, J. Roberts, at 13620 S.W. 28 Terr., Homestead, Florida 33033 and Mr. Mickey Todd Solomon, at 24965 S.W. 128 Place, Miami, Florida 33032.

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this <u>18</u>, day of <u>February</u>, 1997.

Melvin Roberts, Initial Incorporator

Mickey P. Solomon, Initial Incorporator

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 $Q-SPORTS$, II	<u> 2C.</u>
2. The name and address of the registered agent and office is:	97 SE
ME/VIN J. PODETZTS	JUN 20 LAHAS
(P. O. Box or Mail Drop Box NOT ACCEPTABLE)	AHIO: 02
HOMESTEAD FLORIDA 33038	2 RIDA

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.

Melini (SIGNATURE)

Od/20/91
(DATE)