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

100002295161--9 -09/17/97--01038--001 *****78.75 *****78.75

QUALITY ASSURED SERVICES TOC (Proposed corporate name - must include suffix) FIN. 59-342115

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

\$70.00

\$78.75

Filing Fee

Filing Fee

& Certificate

\$122.50

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

352-33**8**-1500 Daytime Telephone number

10 16 € BSB W97-21409

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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

September 17, 1997

IRRIE J. CAMPBELL 6123 N.W. 33RD STREET GAINESVILLE, FL 32653

SUBJECT: QUALITY ASSURED SERVICES INC.

Ref. Number: W97000021409

We have received your document for QUALITY ASSURED SERVICES INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(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 a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

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

Please return the original and one copy of 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 (850) 487-6925.

Brenda Baker Corporate Specialist

Letter Number: 297A00046150

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

The name of the corporation shall be:

QUALITY ASSURED SERVICES GTD., INC.

PRINCIPAL OFFICE ARTICLE II

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

P.O. BOX 143202 Gaines ville, 71.

32614-3202

ARTICLE III **SHARES**

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

IRRIE J. Campbell 319 S.E. 4th Dr. Williston, Fl.

32691

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):

Debora H. D. Baumer 6123 N.W 33rd St Gainesville, 71 32653 Trrie J. Campbell Sec./Ter. 319 S.E. 4th Dr. Williston, 71. 32696

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

25 day of March, 19 97.

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

Signature

- President

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 QUALITY ASSURED SERVICES	, TD	. ,Inc
2.	The name and address of the registered agent and office is:		
	IRRIE J. Campbell	97 SEP	SECRE!
	319 S.E. 4+n Dr. (P. O. Box or Mail Drop Box NOT ACCEPTABLE)	26 AH I	FILED TARY OF S CF COTFOR
	Williston, 41, 32696	9: 09	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.

Drivery. Caughell Seaffer Morch 25, 1895 (SIGNATURE) (DATE)