P9700087507 Department of State

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

SUBJECT:	QCLM, Inc.	ite name - must include suff	97 OCT -9 AM 9: 05	FILED SECRETARY OF STAI DIVISION OF CORPORAT	
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:					
☐ \$70.00 Filing Fee		□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate		
		ADDITIONAL CO	OPY REQUIRED		
FROM:	Vonne (emp Name (Printed or typed) 927 Inchon Court Address 100002316511			01012	
	Orlando, Fl				
City, State & Zip					
	407- 294 Daytime Teleph	one number			

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

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:

QCLM, Inc.

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OF CORPORAL

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ARTICLE II PRINCIPAL OFFICE

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

927 Inchon Court Orlando Fl 32808

ARTICLE III SHARES

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

100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Uvonne Kemp 927 Inchon Ct Orlando, Fl 32808

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):

L/Vonne Kemp - president Keith W. Smith- V. president 927 Inchon Ct Orlando Fl 32808

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

1 day of October , 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 QCLM, The	
2. The name and address of the registered agent and office is:	
Wonne Kemp	SECH DIVISIO 970
(P. O. Box or Mail Drop Box NOT ACCEPTABLE)	FILEL FILEL RETARY CON MOF CON CT -9 F
Orlando, Pl 32808	OF STATE REPORATION OF STATE O

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.

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