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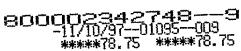
TRANSMITTAL LETTER

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



SUBJECT: M P Quinn Enterprises Inc.

(Proposed corporate name - must include suffix)



Eliciosed is all original and oned 17 copy of the articles of incorporation and a check to	copy of the articles of incorporation and a check for	an original ar	Enclosed is a
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\$70.00 Filing Fee \$78.75

Filing Fee

& Certificate

□\$122.50

Filing Fee

\$131.25 Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Melanie P. Quinn

Name (Printed or typed)

7382 NW 45th Avenue

Address

Coconut Creek, FL 33073

City, State & Zip

954-481-2606

Daytime Telephone number

NOV 1 2 1997 P. CHIRDNERS

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

M P Quinn Enterprises Inc.

ARTICLE II PRINCIPAL OFFICE

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

7382 NW 45th Avenue Coconut Creek, FL 33073

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

James C. Quinn 7382 NW45th Avenue

Coconut Creek, FL 33073

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Melanie P. Quinn 7382 NW 45th Avenue Coconut Creek, FL 33073

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11-4-97

Date

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

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/Registered Agent

Date