MITCHER 21358

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

000002448000--5 -03/05/98--01039--007 ****122.50 ****122.50

SUBJECT: Qui	Claims, Inc.		<u> </u>	
	(Proposed corpor	ate name - must include su	ffix)	
			,	
Enclosed is an origina	l and one(1) copy of the articles	s of incorporation and a	check for :	- 1
□ e~o oo	\$78.75	☑ \$122.50	\$131.25	
☐ \$70.00 Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
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	Co Columbia	co coramica copy	& Certificate	
				1
		ADDITIONAL COPY REQUIRED		
				.1
FROM:	Freva M. Martinez-Qui	bug		
Name (Printed or typed)				
17450 S.W. 93 Avenue				
Address Miami, FL 33157 City. State & Zip				9 _
				= 11
	Miami, FL 33157			1 *************************************
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	305-577-2586		产约	M 10: 12
Daytime Telephone number				
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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.

<u>ARTICLE I NAME</u>

The name of the corporation shall be:

QuiClaims, Inc.



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

17450 S.W. 93 Avenue Miami, FL 33157

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

100 shares @ \$5.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Enrique A. Martinez 17450 S.W. 93 Avenue Miami, FL 33157

ARTICLE V INCORPORATOR

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

Freya M. Martinez-Quibus 17450 S.W. 93 Avenue Miami, FL 33157

Signature/Incorporator

3/3/98 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 3 - 3 - 98

Signature/Registered Agent,

Date