TRANSMITTAL LETTER Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SUBJECT: Quatra Plus, Inc. (Proposed corporate name - must include suffix)

500002624695---4 -08/25/98--01059--007 *****78.75 *****78.75

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

\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	□ \$131.25 Filing Fee, Certified Copy & Certificate
		ADDITIONAL COPY REQUIRED	

Lawrence Lee Carnes, Attorney at Law
Name (Printed or typed)

1673 West Paul Dirac Drive

Address

Tallahassee, Florida 32310

City, State & Zip

850-574-2600

Daytime Telephone number

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

8 25

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:

Quatra Plus, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1380 Blountstown Highway 20 Tallahassee, Florida 32310

ARTICLE III SHARES

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

500 shares of stock

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Lawrence Lee Carnes, Attorney at Law 1673 West Paul Dirac Drive Tallahassee, FLorida 32310

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

A. Gib Debusk 3583 Doris Drive Tallahassee, Florida 32303

Signature/Incorporator

Doto

(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

<u>-29-98</u>

Date