TRANSMITTAL LETTER

P99000003965

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

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VLI

SUBJECT:

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QUALITY MANAGEMENT SERVICES, INC.

(Proposed corporate name - must include suffix)

Enclosed is an	original	and one(1)	copy of t	he articles	of incorpora	tion and a	a check for	:
	~ 		F,					•

- ☐ \$70.00 Filing Fee
- \$78.75
- Filing Fee
- & Certificate
- \$122.50
- \$131.25
- Filing Fee
- Filing Fee,
- & Certified Copy
- Certified Copy
- & Certificate

ADDITIONAL COPY REQUIRED

FROM:

VICTOR IRIZARRY

Name (Printed or typed)

P.O. BOX 2506

Address

KEY WEST, FL 33045

City, State & Zip

(305)295-2796

LAV

Daytime Telephone number

CRETARY OF STATE

Vutor Shizary GAVE AUTHORIZATION BY PHONE TO CORRECT Corp. Mane DATE 1/14/99

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:

VLI Management Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

P.O. BOX 2506 KEY WEST, FL 33045

<u> ARTICLE III SHARES</u>

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

ONE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

VICTOR IRIZARRY

1500 SEMINARY STR. #A

KEY WEST, FL 33040

ARTICLE V INCORPORATOR

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

VICTOR IRIZARRY 1500 SEMINARY STR. #A KEY WEST, FL 33040

01/08/1999

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

01/08/1999

Date

Signature/Registered Agent

ature/Incorporator

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