

TRANSMITTAL LETTER

P99000014278

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

700002772617-010-6
-02/11/99-01036-010-6
*****630.00 *****70.00

SUBJECT: Quest Business Ventures, Inc.
(Proposed corporate name - must include suffix)

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 of Status

CK # 1478

☐ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM:

Justin Branecky
Name (Printed or typed)

1012 Albamonte cty.
Address

Oviedo, FL 32765
City, State & Zip

(407) 365-8429
Daytime Telephone number

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

SD 2/15

FILED
99 FEB 11 PM 5:28
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

282 695

ARTICLE I NAME

The name of the corporation shall be:

Quest Business Ventures, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1012 Albamonte Ct, Oviedo FL 32765

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

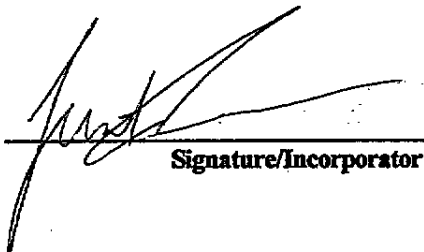
The name and Florida street address of the initial registered agent are:

Justin Braneky 1012 Albamonte Ct., Oviedo FL 32765

ARTICLE V INCORPORATOR

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

Justin Braneky 1012 Albamonte Ct., Oviedo FL 32765



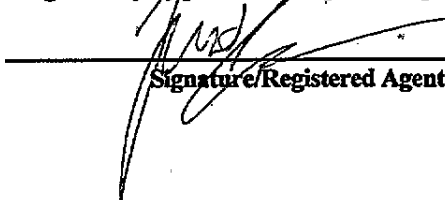
Signature/Incorporator

2-9-99

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

29-99

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA