TRANSMITTAL LETTER

Department of State Division of Corporations Department of State Division of Corporations

Division of Corporation P. O. Box 6327 Tallahassee, FL 32314

900003036869—-1 -11/05/99--01084--007 *****87.50 *****87.50

SUBJECT: Quantum Council S 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

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: Aaron Blow Andress

P.O. Box 679246

Address

Oclando, FL 32467

City, State & Zip

Solution Blow Andress

City, State & Zip

Daytime Telephone number

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

(AK,1/9/99

ARTICLES OF INCORPORATION

The unde	ersigned	incorpora	tor, for the j	purpose of	forming a	corporation	under the 1	Florida
Business	Corpora	ation Act, l	iereby adop	ots the follo	owing Artic	cles of Incorp	oration.	

ARTICLE I NAME The name of the corporation shall be:	99 TAI
Quantum Courier's Inc.	9 NOV -
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:	SE
P.O. Box 679246 Orlando, FL 32467 ARTICLE III SHARES	9: 29 CRIDA
The number of shares of stock that this corporation is authorized to have outstanding at any	one time is:
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS	<u> </u>
The name and Florida street address of the initial registered agent are: Acron Blok-Anzersen, 3056 Sutton Woods Dr. Pla	mt(:ty.FL 3356
ARTICLE V INCORPORATOR The <u>name and address</u> of the incorporator to these Articles of Incorporation are: Anon Blok-Andersen, 3056 Sutton Woods Dr. Plans	
LIMIDU MONZ LLUGINZEN, " MONZ DILLININI	GCHY, L SODE
Signature/Incorporator U299 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

Turan & Alat - Inden		11/2/99		
Signature/Registered Agent		1 1	Date	