Requester's Name  Requester's Name  — QUADRANGLE INC.  3060 GALLERY WALK  JNELLVILLE, GA 30039	0006757
	Office Use Only
CORPORATION NAME(S) & DOCU	UMENT NUMBER(S), (if known):
1. (DVAD/AWGLE) (Corporation Name)	$\frac{1}{(\text{Document }\#)} \sqrt{\frac{27346}{27346}}$
2	
(Corporation Name)	(Document#) 900034592890 -11/09/0001089017 *****87.50 ******87.50
3(Corporation Name)	(Document #)
, <b>.</b>	
4(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time	Certified Copy
☐ Mail out ☐ Will wait	Photocopy
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other  OTHER FILINGS  Annual Report Fictitious Name	AMENDMENTS  Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger  REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other
	Examiner's Initials

CR2E031(7/97)

### TRANSMITTAL LETTER

TQ:	Registration of	n Section Corporations				
SUBJ	ECT:	QUADRAN	GLE	- must include suffix)	Inc	
		(Name	of corporation	- must include suffix)		
Dear S	Sir or Madam	:				
"Certi	nclosed "App ficate of Exis sact business	lication by Foreign Constence", and check are so in Florida.	poration for Au ubmitted to reg	thorization to Transa sister the above referen	ect Business in Fl nced foreign corp	orida", poration
Please	return all co	rrespondence concerni	ng this matter to	o the following:		
		CYNTHIA	L. MCB	Room		
						•
		QUADRANGE	E ASS	OCIATES .	INC	. <u> </u>
			(Firm/Com	pany)		
	,	3060 GAL	LERY	WALK		
			(Addres	ss)		
		SNECLVIC	LE, GA	30639 d Zip code)		
			(City/State an	d Zip code)	- · · · · · · · · · · · · · · · · · · ·	·
For fu	urther inform	ation concerning this m	atter, please ca	и:	7	25 P
CYA	STH'A	McBRoom Person)	at ( 770	) 982-947 ode & Daytime Telepl	O Number)	
	(Name of	Person)	(Area Co	ode & Dayume Telepi	none realition	DEC -6 MIN 39
Regis Divis 409 E	EET ADDRI tration Section ion of Corpo L. Gaines St. hassee, FL 3	on rations		MAILING ADDRES Registration Section Division of Corporati P.O. Box 6327 Tallahassee, FL 323	ions	TATE ORIBA
Enclo	sed is a chec	k for the following amo	ount:			
<b>□</b> \$7	0.00 Filing I	Fee	g Fee &   G  G  Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Fil Certificat Certified	te of Status &



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 16, 2000

QUADRANGLE INC. 3060 GALLERY WALK SNELLVILLE, GA 30039

SUBJECT: QUADRANGLE INC. Ref. Number: W00000027346

We have received your document for QUADRANGLE INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers Document Specialist

Letter Number: 600A00059144

# RESOLUTION OF BOARD OF DIRECTORS (Please print or type)

I, the undersigned CUNTHIA L. Mc Brown	_, do hereby certify
(Name)	
that this Resolution of the Board of Directors of	<del> </del>
QUADRANGLE INC. (Corporate Name)	
a corporation duly organized and existing under the laws of the	e State of LaEoZhith,
was duly adopted on	20
	1
Be it resolved, that Qual RANGLE INC. (Corporate Name)	
organized and existing in the State of GEORGIA	
organized and existing in the State of CIEDEACA	The Age of the State of the Sta
QUADRANNE DESIGN INC.	for use in Florida.
Dated: 11-30-2000	25 8 7
Canthia & MBwo	n
Signature of either Chairman, Vice Chairman or a	any officer
CYNTHIA L. MCBROOM	0R
CYNTHIA L. MEBROOM Type or print Name	7

DJHS19(1/00)

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	QUADRANGLE	-	± Z			
•	(Name of corporation: must include the word "I	NCORPORATEI	o", "COMPANY", "CORPOR	ATION" or	·	
	words or abbreviations of like import in languag	ge as will clearly i	ndicate that it is a corporation	instead of a		
	natural person or partnership if not so contained	m the name at pr	esemi.)			
2.	(State or country under the law of which it is inc	3				
	(State or country under the law of which it is in	corporated)	(FEI number,	f applicable	)	
4.	(Date of incorporation)	5	PERPETUA	۷		
	(Date of incorporation)	-	(Duration: Year corp. will ce	ase to exist o	or "perpetual")	
6.	UPON QUA	ALIFICA	TION			
ν.	(Date first transacted business in Florida. If corp	poration has not to IONS 607.1501,	ransacted business in Florida, 507.1502 and 817.155, F.S.)	insert "upon	qualification.")	
7.	3060 GALLERY GPrine	SALK	SNE LLVILLE,	GA	30039	
	(Princ	cipal office addre	ss)	-		
	3060 GALLERY L	NALK	SNE LLVILLE,	GA	30039	
	3060 GALLERY L	ent mailing addre	ss)	•	• •	
8.	(Purpose(s) of corporation authorized in h	4710NS	DESIGN		<u> </u>	
	(Purpose(s) of corporation authorized in I	home state or cou	ntry to be carried out in state of	of Florida)		confined
9.	. Name and <u>street address</u> of Florida regis	stered agent: (	P.O. Box or Mail Drop Box	NOT acc	PEC -6	
	Name: PHILLIP L. HU				ASC.	
o	office Address: 204 EVENING	DR.			TES =	U
	<u>CIERMONT</u> (City)		Florida 347 11		黄河 36	
	(City)		(Zip code)	_		
10	<ol> <li>Registered agent's acceptance: laving been named as registered agent and</li> </ol>	to accent service	e of process for the above	stated corn	oration at the	place
d	esignated in this application, I hereby acce	pt the appointm	ent as registered agent an	d agree to	act in this capa	city. I
fi	urther agree to comply with the provisions of	of all statutes re	elative to the proper and co	mplete per	formance of m	y
d	uties, and I am familiar with and accept the	e obligations of	my position as registered	agent.		
	- Intlip	istered agent's sig	alig	<del> </del>		
	(Reg	istered agent's si	gyaturé)			

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: Cynthia L McBroom
Address: 3060 GALLERY WALK
SNELLVILLE, GA 30039
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President: ORRIE L. M'BROOM
Address: 3060 GALLERY WALK
SNELLVILLE, GA 30039
Vice President: Phillip Huckaby
Address: 204 EVENING DRIVE
CLERMONT, FL 34711
Secretary: Long McBRoom
Address: 3060 GALLERY WALK SNELLUILLE, GA 30039
Treasurer: WILMA PIPES
Address: 4649-c Peachtree Place PKWY DURAVILLE, GA 30360
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
(Separation)

14. CYNTHIA L. M BROOM CEO
(Typed or printed name and capacity of person signing application)

### **Secretary of State**

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 003110280
CONTROL NUMBER : 0048507
DATE INC/AUTH/FILED: 11/01/2000
JURISDICTION : GEORGIA
PRINT DATE : 11/06/2000

FORM NUMBER : 211

QUADRANGLE INC.

3060 GALLERY WALK SNELLVILLE, GA 30039

#### CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

## QUADRANGLE INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation for any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above named entity as of the date issued. It does not certify the per or not a notice of intent to dissolve, an application withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Efficial Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox Secretary of State