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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6381  
From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
Quattro Tech Direct Inc.

Certificate of Status	0
Certified Copy	0
Page Count	0806
Estimated Charge	\$70.00

STATE OF FLORIDA  
ALLAHUSSEIN FLORIDA

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9/15/2015 10:10:57 AM From: To: 8506176381( 2/5 )  
850-617-6381 9/14/2015 5:48:05 PM PAGE 1/001 Fax Server



September 14, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

E-FILE, C T CORPORTION

SUBJECT: QUATRO TECH DIRECT INC.  
REF: W15000060447

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

If you have any further questions concerning your document, please call (850) 245-6052.

Sylvia Gilbert  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H15000219138  
Letter Number: 415A00019372

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**  
The name of the corporation shall be: QUATRO TECH DIRECT INC.

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
1850 PARKWAY PLACE SUITE 1100  
MARIETTA GEORGIA 30067

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: SPECIAL PURPOSE VEHICLE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES** Five Hundred Thousand (500,000) Com  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: SHYAM SUNDAR VAIDYANATHAN, I Name and Title: \_\_\_\_\_  
Address: 1850 PARKWAY PLACE SUITE 1100 Address: \_\_\_\_\_  
MARIETTA GEORGIA 30067 \_\_\_\_\_  
\_\_\_\_\_

Name and Title: AMITABH JOHRI, DIRECTOR Name and Title: \_\_\_\_\_  
Address: 1850 PARKWAY PLACE SUITE 1100 Address: \_\_\_\_\_  
MARIETTA GEORGIA 30067 \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: C T Corporation System

Address: 1200 South Pine Island Road  
Plantation, FL 33324.

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: SHYAM SUNDAR VAIDYANATHAN

Address: 1850 PARKWAY PLACE SUITE 1100  
MARIETTA GEORGIA 30067

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

By: Conita Bryan Conita Bryan 8/15/2015  
 Required Signature/Registered Agent Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

V. Chandrasekar 09/08/2015  
 Required Signature/Incorporator Date