

P18000024664

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000084586 3)))



H180000845863ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (800)293-4075

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: azfarsyed@aol.com

FLORIDA PROFIT/NON PROFIT CORPORATION
QUADRIFOGLIO PARTNERS INC.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

RECEIVED
2018 MAR 14 PM 2:39
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FILED
18 MAR 14 PM 4:51
TALLAHASSEE, FLORIDA

N SAMS
MAR 16 2018

H18000084586 3

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

QUADRIFOGLIO PARTNERS INC.

ARTICLE II PRINCIPAL OFFICE

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

**13538 VILLAGE PARK DRIVE, STE #230
ORLANDO, FLORIDA 32837**

ARTICLE III SHARES

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

1,000 Shares at no par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**EVANDO SCHRAMM TREVISAN
13538 VILLAGE PARK DRIVE, STE #230
ORLANDO, FLORIDA 32837**

Prepared By:

Bruce B. Hubbard

238 W. Jericho Turnpike

Huntington Sta., NY 11746

1-516-935-3940

H18000084586 3

FILED
18 MAR 14 PM 4:51
COUNTY OF DADE
FALL AID SEC. FLORIDA

H18000084586 3

ARTICLE V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

EVANDO SCHRAMM TREVISAN-13538 VILLAGE PARK DRIVE, STE #230, ORLANDO, FLORIDA , 32837-PRESIDENT/DIRECTOR
ANDREAS POPOVICH BERNAUER-13538 VILLAGE PARK DRIVE, STE #230, ORLANDO, FLORIDA , 32837-VICE PRESIDENT/DIRECTOR
FELIPE PERES WARTCHOW-13538 VILLAGE PARK DRIVE, STE #230, ORLANDO, FLORIDA , 32837-TEASURER/DIRECTOR

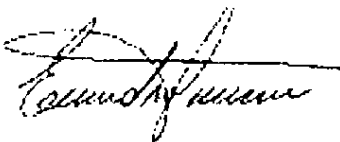
ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

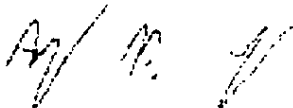
EVANDO SCHRAMM TREVISAN-13538 VILLAGE PARK DRIVE, STE #230, ORLANDO, FLORIDA , 32837
ANDREAS POPOVICH BERNAUER-13538 VILLAGE PARK DRIVE, STE #230, ORLANDO, FLORIDA , 32837
FELIPE PERES WARTCHOW-13538 VILLAGE PARK DRIVE, STE #230, ORLANDO, FLORIDA , 32837

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

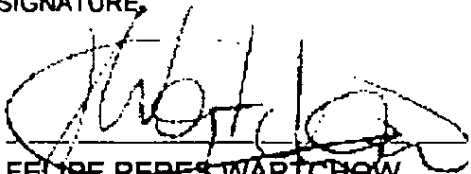
14TH day of MARCH 20 18



EVANDO SCHRAMM TREVISAN
Signature



ANDREAS POPOVICH BERNAUER
SIGNATURE



FELIPE PERES WARTCHOW
SIGNATURE

FILED
18 MAR 14 PM 4:02
CLERK OF STATE
TALLAHASSEE, FLORIDA

H18000084586 3

H18000084586 3

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LA WS OF THE ST ATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNA TING THE
REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **QUADRIFOGLIO PARTNERS INC.**

2. The name and address of the registered agent and office is:

EVANDO SCHRAMM TREVISAN

Name

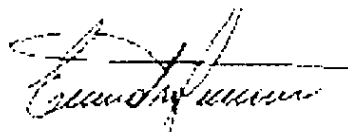
13538 VILLAGE PARK DRIVE, STE #230

(P.O. Box or Mail Drop Box NOT Acceptable)

ORLANDO, FLORIDA 32837

(City / State / Zip)

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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.



EVANDO SCHRAMM TREVISAN
SIGNATURE

3/14/2018

(Date)

H18000084586 3