

1/2020

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : Vcorp SERVICES, LLC
Account Number : 120080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

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

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FOREIGN PROFIT/NONPROFIT CORPORATION

Qua, Inc.

Certificate of Status	0
Certified Copy	0
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Corporate Filing Menu

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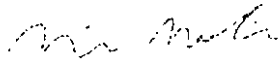
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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. QUA, INC
(Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- Bilmargo, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. NY 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 5/26/1993 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 26 Ronalds Avenue New Rochelle NY 10801
(Principal office street address)
- 26 Ronalds Avenue New Rochelle NY 10801
(Current mailing address, if different)
8. Name and street address of Florida registered agent. (P.O. Box NOT acceptable)
- Name: Vcorp Services, LLC
- Office Address: 5011 South State Road 7, Suite 106
- Davie, Florida 33314
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

10. 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

FILED
 OCT 6 PM 5:04
 CLERK OF THE COURT
 JUDICIAL CIRCUIT IN AND FOR
 THE NINTH JUDICIAL CIRCUIT
 IN AND FOR THE COUNTY OF
 DADE, FLORIDA

A. DIRECTORS

☐ Chairman	Name: Margaret E. Graham	☐ Chairman	Name: _____
☐ Vice Chairman	Address: 425 East 82nd Street #5D	☐ Vice Chairman	Address: _____
☐ Director	New York NY 10028	☐ Director	_____
☒ President	_____	☐ President	_____
☐ Vice President	_____	☐ Vice President	_____
☐ Secretary	☐ Treasurer	☐ Secretary	☐ Treasurer
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____

☐ Chairman	Name: _____	☐ Chairman	Name: _____
☐ Vice Chairman	Address: _____	☐ Vice Chairman	Address: _____
☐ Director	_____	☐ Director	_____
☐ President	_____	☐ President	_____
☐ Vice President	_____	☐ Vice President	_____
☐ Secretary	☐ Treasurer	☐ Secretary	☐ Treasurer
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____

☐ Chairman	Name: _____	☐ Chairman	Name: _____
☐ Vice Chairman	Address: _____	☐ Vice Chairman	Address: _____
☐ Director	_____	☐ Director	_____
☐ President	_____	☐ President	_____
☐ Vice President	_____	☐ Vice President	_____
☐ Secretary	☐ Treasurer	☐ Secretary	☐ Treasurer
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12 Margaret E. Graham
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13 Margaret E. Graham, President
(Typed or printed name and capacity of person signing application)

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of QUA, INC. was filed on 05/26/1993, with perpetual duration, and that a diligent examination has been made of the Corporate Index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation. I further certify the following:

A Biennial Statement was filed 10/05/1995.

A Biennial Statement was filed 05/12/1997.

A Biennial Statement was filed 05/12/1999.

A Biennial Statement was filed 06/29/2001.

A Biennial Statement was filed 05/08/2003.

A Biennial Statement was filed 07/06/2005.

A Biennial Statement was filed 05/24/2007.

A Biennial Statement was filed 05/01/2009.

A Biennial Statement was filed 06/03/2011.

A Biennial Statement was filed 05/20/2013.

A Biennial Statement was filed 05/04/2015.

A Biennial Statement was filed 05/02/2017.

A Biennial Statement was filed 05/01/2019.

I further certify that no other documents have been filed by such corporation.



Witness my hand and the official seal
of the Department of State at the City
of Albany, this 30th day of September
two thousand and twenty.

Brendan C. Hughes

Brendan C. Hughes
Executive Deputy Secretary of State