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	(Requestor's Name)
	(Address)
	(Address)
<u> </u>	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
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FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

October 23, 2002

MARILYN REED 1163 ROUTE 9 GARRISON, NY 10524

SUBJECT: QUATROTEK, INC Ref. Number: W02000030518



We have received your document for QUATROTEK, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

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) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 802A00058566

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	,								
SUBJECT: Quatrotek Incorproated									
(Name of corporation - must include suffix)									
Dear Sir or Madam:	-								
The enclosed "Application by Foreign Corporation for Authorization "Certificate of Existence", and check are submitted to register the atto transact business in Florida.									
Please return all correspondence concerning this matter to the follo	wing:								
Marilyn Reed	AT 2								
(Name of Person)	SEY .								
Quatrotek Incorporated	27 3 7								
(Firm/Company)	0: 02 0:RibA								
(Address)									
Garrison, NY 10524									
(City/State and Zip code									
For further information concerning this matter, please call:	-								
Marilyn Reed at (845) 734-7	160								
(Name of Person) (Area Code & Daytime Telephone Number)									
Registration Section Registration Division of Corporations Division of Corporations 409 E. Gaines St. P.O. Box 8	Corporations								
Enclosed is a check for the following amount:	_								
S70.00 Filing Fee S78.75 Filin									

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.	Quatrotek	Incorporated						
	words or abbrev	oration; must include the wo viations of like import in la or partnership if not so cont	nguage as will clea	irly indicate tha				
2.	New York			3. 13-410	8517			
(State or country under the law of which it is incorporated)				(FEI number, if applicable)				
4.	March 2	0, 2000	·	5. perpe	etual			
.,	(Dat	te of incorporation)		(Duration:	Year corp. will co	ease to exist or "perpe	etual")	
6	Septemb	er 9, 2002						
٠.	(Date first transa	acted business in Florida. I	f corporation has a SECTIONS 607.15				ation.")	
7	1163 Rot	ute 9, Garrison, NY	10524		<u></u>	-		
, ,			(Principal office ac	ddress)			35.	
	1163 Rot	ute 9, Garrison, NY	10524		<u>=</u>	A	C. 20	
			(Current mailing a	ddress)		Z.	7 Q 7	
8.		consulting services				SEE,	21	
	(Purpose)	(s) of corporation authorize	d in home state or	country to be o	carried out in state	of Florida)	E M	
9,	Name and str	reet address of Florida	registered agen	t: (P.O. Box	or Mail Drop Bo	x NOT acceptable	8 0	
	Name:	NRAI Services,	Inc.	 .	<u>=</u> . =			
0	ffice Address:	526 E. Park Avenu	е					
		Tallahassee		Flor	32301			
(City)			, , = :	(Zip code)				
10). Registered a	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.

NRAI Services, Inc.

Registered agent's signature)

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: Marilyn Reed 1163 Route 9 Address: _ Garrison, NY 10524 Vice Chairman: Address: **B. OFFICERS** Marilyn Reed President: 1163 Route 9 Address: Garrison, NY 10524 Vice President: _____ Address: __ Address: _ Treasurer: __ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

(Typed or printed name and capacity of person signing application)

Marilyn J. Reed, President

State of New York Department of State

I hereby certify, that the Certificate of Incorporation of QUATROTEK, INCORPORATED was filed on 03/20/2000, 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 a subsisting corporation.

Witness my hand and the official seal of the Department of State at the City of Albany, this 10th day of October two thousand and two.

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