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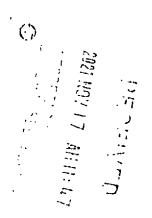
| (Requestor's Name) | |
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| | |
| (Address) | |
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| (City/State/Zip/Phone #) | |
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| PICK-UP WAIT | MAIL |
| | |
| (Business Entity Name) | |
| | |
| (Document Number) | |
| Certified Copies Certificates of Sta | atue. |
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| Special Instructions to Filing Officer: | |
| Special instructions to 1 imig officer. | |
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Office Use Only



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: I20000000088

| Date: Novembe | r 18, 2021 | |
|------------------------|-------------------|--|
| Name: KEN H | OWELL | |
| Reference #: | 1480129 | |
| Entity Name: | QTI HU | MAN RESOURCES, INC. |
| Articles of Incorp | oration/Authoriz | ation to Transact Business |
| Amendment | | |
| Change of Agent | | ISSUES? CALL |
| Reinstatement | | KEN: |
| Conversion | | 518-213-0738 |
| ☐ Merger | | |
| Dissolution/With | drawal , | |
| Fictitious Name | | |
| Other | * FILE 1st - Plea | se retain original file date of 11-17-2021 ** |
| | - - - | |
| | | 2021 NOV 18 |
| Authorized Amount | \$35.0 | μ, |
| Signatu re: | | T LGREET TO THE STATE OF THE ST |
| Olgitature | | |

COVER LETTER

| 10: | Division of | Corporations | | | | | |
|--------------------------|-----------------|--|--------------------|---|----------------------------------|---------------------|------------------|
| SUBJ | ECT: | QTI H | UMAN RE | SOURCES | , LLC | | |
| | | | (Name of | Corporation) |) | | |
| DOC | UMENT NU | MBER: | | F10000002 | 967 | | |
| The e | nclosed with | drawal application and | fee are sub | mitted for fili | ing. | | |
| Please | e return all co | rrespondence concerning | this matte | r to the follo | wing: | | |
| | | | Tanya Y | 'akhnis | | | |
| | | | (Name of | Person) | | | |
| QTI HUMAN RESOURCES, LLC | | | | | | | |
| (Firm/Company) | | | | | | | |
| | | 2400 |) Wolf Ro | ad, Suite 10 | 0 | | |
| | (Address) | | | | | | |
| | | w | estcheste | r, IL 60154 | | | |
| | | (C | ity/State a | nd Zip code) | | | |
| For fu | ırther inform | ation concerning this mat | ter, please | call: | | | |
| | Та | nya Yakhnis | at (| 630 | | 928-0510 | |
| | (Na | me of Person) | | (Area Code | & Dayti | me Telephone Number |) |
| Enclo | sed is a chec | k for the amount: | | | | | |
| | | ☐ \$43.75 Filing Fee & Certificate of Status | Certified | d Copy onal copy is | Certi | | ified nclosed |
| | P.O. Box 6 | nt Section FCorporations | A D Ti 24 | reet Address: mendment So ivision of Co he Centre of 415 N. Monro allahassee, Fl | rporation Tallahassoe Street, | ee | |

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

| QTI HUMAN RESOURCES, INC. | | | | | |
|--|----------------------------------|--|--|--|--|
| (Name of Corporation) | | | | | |
| F10000002967 | | | | | |
| (Document Number of Corporation (if known) | | | | | |
| Wisconsin, 06/25/2010 | | | | | |
| (Incorporated Under Laws of and date authorized to transact business/co | enduct its affairs) | | | | |
| This corporation is no longer transacting business or conducting affairs within voluntarily surrenders its authority to transact business or conduct affairs in Fl | | | | | |
| This corporation revokes the authority of its registered agent in Florida to appoints the Department of State as its agent for service of process based on a | accept service on its behalf and | | | | |
| time it was authorized to transact business or conduct affairs in Florida. | | | | | |
| The following is a current mailing address for the corporation: | 7 | | | | |
| 1010 E. Washington Ave., Suite 314 | Co Time o Co | | | | |
| (Mailing Address) | 99. | | | | |
| MADISON, WI 53703 | • | | | | |
| (City/ State /Zip) | | | | | |
| The corporation agrees to notify the Department of State in the future of any of | change in its mailing address. | | | | |
| 18/ Jay Loansi | 10.11.2021 | | | | |
| (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) | (Date) | | | | |
| Jay Loewi | Chairman | | | | |
| (Typed or printed name of person signing) | (Title of person signing) | | | | |

FILING FEE \$35