F15090007577

(Requestor's	Name)
(Address)	
(Address)	
(City/State/Z	ip/Phone #)
PICK-UP V	VAIT MAIL
(Business E	ntity Name)
(Document	Number)
Certified Copies Ce	ertificates of Status
Special Instructions to Filing Of	ficer:

Office Use Only



200273601202

06/10/15--01003--012 **78.75





Quadrant 4 System Corporation

2850 Golf Road, Suite 405 | Rolling Meadows, IL 60008 | 1246 S River Road, Suite 102 | Cranbury, NJ 08512

| www.qfor.com | Tel: (855)-995-7367 | Ticker: QFOR |

June 3, 2015

To:

State of Florida **Division of Corporations**

Re: Foreign Profit Corporation Registration

Quadrant 4 System Corporation

Fed ID: 65-0254624

Attached please find the application to register our business for the state of Florida. Also please send the certificate of Existence along with the registration.

If you require any other information, please do not hesitate to call us.

Sincerely,

alguni Bhatt

H'R Director

Altrebad place And the Money Order for \$1 74.75.

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Quadrant 4 System Corporation. Name of corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following: Falgun' Bhatt Name of Person Ohadrant 4 System Corporation
Phadrant 4 System Corporation Firm/Company 1246 SOUTH River Rd. Swife 102
Cranbuy, NJ 08572 City/State and Zip code Falguni. bhattogtor. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Falgum' Bhatt at (732) 766-0900 Name of Person Area Code & Daytime Telephone Number
Nume of Forson
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
□ \$70.00 Filing Fee \$\frac{1}{2}\$ \$78.75 Filing Fee \$\frac{1}{2}\$ \$78.75 Filing Fee \$\frac{1}{2}\$ \$78.75 Filing Fee \$\frac{1}{2}\$ \$Certificate of Status \$\frac{1}{2}\$ Certified Copy

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.

				for the purpose of tran		
(State or country	v under the law of wh	ich it is incorporated	_ 3)	65-02 546 (FEI number	if applicable)	
(Date	of incorporation)		Ourati	Perfethal on: Year corp. will ce	ase to exist or "p	erpetual")
	Funo	1st, 201	<u></u>			•
	(Date f (SEE SECT)	irst transacted busine ONS 607.1501 & 60	ss in Florida 07.1502, F.S.	if prior to registration to determine penalty	liability)	
1246	5. Liver	Ad. Stc. (Principal office	102 address)	Cranbue	y, NJ	08572
1246	S. Lives	1d Ste	102.	Cranbue	u. NJ	0857.
1000	,	(Current mailing	address)	,	J'	
Name and <u>stree</u> Name: fice Address:	Aparna Aparna 95 Lui Ponk	leden	L - 01	NOT acceptable) Torida 320% (Zip code)	ALL SECTION OF THE PARTY OF THE	15 JUN 10 PH 3: 18
ving been name ignated in this ther agree to co	application, I here emply with the prov	by accept the appo visions of all statut	intment as es relative i	ocess for the above registered agent an to the proper and co sition as registered	d agree to act i Implete perforn	n this capac

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. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: SIR 405 Vice Chairman: _ IL 60008 Director: Address: Director: _ Address: __ **B. OFFICERS** Address: Vice President: Address: Secretary: Address: ___ Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 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

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

a third degree felony as provided for in s.817.155, F.S.

File Number

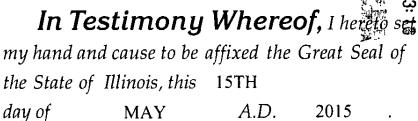
6898-063-1



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

QUADRANT 4 SYSTEM CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 12, 2013, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1513501770

Authenticate at: http://www.cyberdriveillinois.com

2015

SECRETARY OF STATE