

Division of Corporations

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**F1800004949**  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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**Attn: Octavia**

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

THAUS@QUALTRAX.COM

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION**  
**QUALTRAX, INC.**

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

2018 OCT 30 AM 10:16

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**O SIMMONS**  
**OCT 31 2018**

H180003101783

**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. QUALTRAX, INC.**

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION"  
"Inc.", "Co.", "Corp.", "Inc.", "Co." or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

**2. DELAWARE**

(State or country under the law of which it is incorporated)

**3. \_\_\_\_\_**

(FEI number, if applicable)

**4. 12/30/2016**

(Date of incorporation)

**5. Perpetual**

(Duration: Year corp. will cease to exist or "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. 105 E. ROANOKE STREET, BLACKSBURG, VIRGINIA, 24060**

(Principal office address)

(Current mailing address)

**8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)**

Name: NORTHWEST REGISTERED AGENT, LLC

Office Address: 3030 N. ROCKY POINT DR. SUITE 50A

TAMPA

(City)

Florida, 33607

(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) NORTHWEST REGISTERED AGENT, LLC

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 addresses of officers and/or directors:

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**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: AMY ANKRUM

Address: 105 E. ROANOKE ST, BLACKSBURG, VIRGINIA 24060

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: AMY ANKRUM

Address: 105 E. ROANOKE ST., BLACKSBURG, VIRGINIA 24060

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: TOM HAUS

Address: 105 E. ROANOKE ST., BLACKSBURG, VIRGINIA 24060

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. \_\_\_\_\_

(Signature of Director or Officer listed in number 12 of the application)

13. AMY ANKRUM - PRESIDENT

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

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**FILED**  
**Oct 29, 2018**  
**Secretary of State**

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

The name of the corporation as currently filed with the Florida Department of State:

QUALTRAX INCORPORATED

The document number of the corporation is F15000000923.

This corporation was incorporated under the laws of Virginia.

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

PO BOX 991  
BLACKSBURG, VA 24063 US

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: TOM HAUS CFO 10/29/2018

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Electronic Signature of Signing Director, Officer or Authorized Representative / Date

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "QUALTRAX, INC." IS DULY INCORPORATED  
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND  
HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS  
OFFICE SHOW, AS OF THE TWELFTH DAY OF OCTOBER, A.D. 2018.



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SR# 20187108699

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", written over a horizontal line.

Authentication: 203603077

Date: 10-12-18



October 29, 2018

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

HUBCO

SUBJECT: QUALTRAX, INC.  
REF: W18000094780

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is F15000000923.

If you have any further questions concerning your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist III  
Registration Section

FAX Aud. #: E18000310178  
Letter Number: 718A00022215

Same Owner.  
See attached withdrawal

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