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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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19 JUN -3 PM 4:42
STATE OF FLORIDA
TALLAHASSEE, FL 32301

B KINSEY
JUN 13 2019

COVER LETTER

TO: Registration Section
Division of Corporations
Neoquartex Technologies, Inc.

SUBJECT: _____
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:
Stephane B. Poussou, CEO

Name of Person
Neoquartex Technologies, Inc.

Firm/Company
101 Marketside Ave, Ste 404-139

Address
Ponte Vedra, FL 32081-1542

City/State and Zip code
stephane@handyquip.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephane B. Poussou 904 567-6312

Name of Person at () Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

19 JUN -3 PM 4:42
STATE
TALLAHASSEE, FLORIDA

**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.*

Neoquartex Technologies, Inc.

1.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

Neoquartex Quantum Technologies, Inc.

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

Delaware

81-4982541

2.

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

3.

(FBI number, if applicable)

01/03/2017

4.

(Date of incorporation)

5.

(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)

101 Marketside Ave, Ste 404-139, Ponte Vedra, FL 32081-1542

7.

(Principal office address)

(Current mailing address, if different)

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

Name:

Stephane B. Poussou

Office Address:

101 Marketside Ave, Ste 404-139

Ponte Vedra

(City)

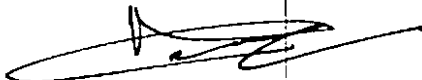
, Florida

32081-1542

(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.

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RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Stephane B. Poussou
101 Marketside Ave, Ste 404-139, Ponte Vedra, FL 32081-1542
Address: _____

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: Stephane B. Poussou
101 Marketside Ave, Ste 404-139, Ponte Vedra, FL 32081-1542
Address: _____

Vice President: _____
Address: _____

Secretary: Stephane B. Poussou
101 Marketside Ave, Ste 404-139, Ponte Vedra, FL 32081-1542
Address: _____

Treasurer: Stephane B. Poussou
101 Marketside Ave, Ste 404-139, Ponte Vedra, FL 32081-1542
Address: _____

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

12. _____
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. STEPHANE B. POUSSOU , PRESIDENT & CEO
(Typed or printed name and capacity of person signing application)

11 JUN -3 PM 4:42
SECRETARY OF STATE
TALLAHASSEE FL 32304

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEOQUARTEX TECHNOLOGIES, 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 TWENTY-SECOND DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NEOQUARTEX TECHNOLOGIES, INC." WAS INCORPORATED ON THE THIRD DAY OF JANUARY, A.D. 2017.



6270460 8300

SR# 20194011519

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202873311

Date: 05-22-19