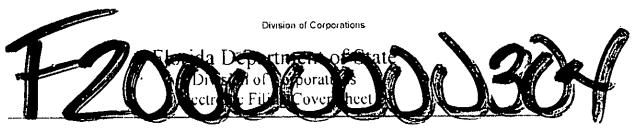
1/10/2020



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (614)280-3338

Fax Number

: (954)208-0845

Please keep original filing date of 1/10/2020.

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

FOREIGN PROFIT/NONPROFIT CORPORATION

Quality Innovation, Inc.		
Certificate of Status	0	
Certified Copy	1	
Page Count	04	
Estimated Charge	\$78.75	

T GLASS

JAN P1 7 2020

Electronic Filing Menu Corporate Filing Menu

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. Quality Innovation (Enter name of complete "Inc.," "Co.," "Co.	on. Inc. orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	
Team Q12, Inc.			
(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting business i	in Florida)
Dalamara			
12/21/2017		(FEI number, if applicable)	
(Date	of incorporation)	(Date of duration, if other than perpet	ual)
6	(SEE SECTIONS 607.1501 & 607. OAD 620 N STE 205	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
7		ipal office address)	
15808 RANCII F	ROAD 620 N STE 205		20
	(Current mai	ling address, if different)	2019 J 10
8. Name and stree	t address of Florida registered agent: (P	O. Box NOT acceptable)	10
Name:	C T Corporation System		70
Office Address:	1200 South Pinc Island Road		2: 4:0
	Plantation,	, Florida	ä
	(City)	(Zip code)	
designated in this further agree to c	ed as registered agent and to accept ser application, I hereby accept the appoin omply with the provisions of all statutes amiliar with and accept the obligations CT Corporation Sy CHANG LOW		in this capacity. I

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.

(Registered agent's signature)

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

A. DIRECTORS	
Chairman:	
Address:	
	<u> </u>
Vice Chairman:	
Address:	
Karen Pearson	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	2020
Rusty Lingenfelter President:	(-) (-
15808 Rapph Road 620 N. Suite 205, Austin, TX 78717	
Vice President:	2:
Address:	1,0
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing addi	tional officers and/or directors.
12.	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 abo are true and that he or she is aware that false information submitted in a documen a third degree felony as provided for in s.817.155, F.S.	ve) affirms that the facts stated herein to the Department of State constitutes
13. Rusty Lingefelter, President/CEO	
(Typed or printed name and capacity of person signing a	oplication)

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "QUALITY INNOVATION, 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 EIGHTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

2020 J. T. 1.0 FH 2: 40

Authentication: 202145022

Date: 01-08-20

6254103 8300 SR# 20200143522

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