F200000001618

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	3/31/2020				
Name: N	larcel Ogbonna-Aı	mu			
Reference #:_					
Entity Name:_		QUADPA	Y INC.		_
✓ Articles	of Incorporation/Autho	orization to Tra	nsact Business		
☐ Amend	ment				
Change	e of Agent			ANY ISSUES, CA MARCEL:	LL
Reinsta	atement			(518) 213 - 0826	- `
Conver	sion			Thank you!	2070 MAR
☐ Merger					31
☐ Dissolu	tion/Withdrawal				
☐ Fictitiou	us Name			ī	12: 1, 2
Other_					
Authorized An	nount: \$70. 6	00			
Signature:	Marcel ogbon	va-Anue			

F: +852.2682.9790

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.	QuadPay Inc	.			
	corporation; must include "INCORPORATED," "Co Corp," "Inc," "Co," or "Corp.")	OMPANY," "CORPORATION,"			
(If name unavai	ilable in Florida, enter alternate corporate name adop	ted for the purpose of transacting b	ousiness in Florida)		
2.	Delaware 3.	30-1130431			
(State or coun	Delaware 3	(FEI number, if appli	cable)		
4	07/19/2018 5				
(Da	te of incorporation)	(Date of duration, if other than perpetual)			
6					
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,)		
7.	27 West 24th Street, 2nd Floor, N	New York, NY 10010			
	(Principal of	Mice address)	•		
	(Current mailing ad	dress, if different)			
8. Name and str	eet address of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)	29		
Name:	COGENCY GLOBAL INC.	_	2023 H.S.		
Office Address:	115 North Calhoun Street, Suite 4	_	∯ <u>⇔</u>		
	Tallahassee	, Florida 32301 (Zip code)	य ः		
	(City)	(Zip code)	12.7		
Having been na designated in th further agree to	gent's acceptance: med as registered agent and to accept service o is application, I hereby accept the appointmen comply with the provisions of all statutes relat	t as registered agent and agree tive to the proper and complete	e to act in this capacity. I		
duties, and I am	a familiar with and accept the obligations of m	y 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.

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

13. _____

A. DIRECTORS Co-CEO: Brad Lindenberg Chairman: 27 West 24th Street, 2nd Floor Address: ____ New York, NY 10010 Co-CEO/CFO: Adam Ezra Vice Chairman: 27 West 24th Street, 2nd Floor Address: New York, NY 10010 Director: Address: Address: ______ **B. OFFICERS** President: 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 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. Brad Lindenberg, Co-CEO

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

COVER LETTER

то:	Registration Section Division of Corpora						
SHRI	TECT:		QuadPa	ay Inc.			
3010		Name of corp	oration - mu	st include suffix			
Dear S	Sir or Madam:						
"Certi		r "Certificate of Go	ood Standing'	orization to Transact B and check are submitt Florida.			
Please	return all corresponde	ence concerning thi	s matter to th	e following;			
			Tom Olk				
		N	ame of Perso	n			
		C	luadPay Inc.				
	-	Fi	rm/Company				
		27 West 2	4th Street, 2	nd Floor			
			Address				
		New	York, NY 100	010			
		City	/State and Zi	p code			
		tom.ol	lk@quadpay.	com			
	E	-mail address: (to b	e used for fu	ture annual report noti	ication)		
For fi	orther information con-	cerning this matter,	please cali:				
	Tom Olk	at (773	255-6573		2020	
	Name of Person	A	rea Code	Daytime Telephon	e Number	2020 MAR 3 I	
	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32	n utions nter Circle		MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL	on orations	AH 12: 43	•
Enclo	sed is a check for the	following amount:					
. \$7	70.00 Filing Fee	\$78.75 Filing Fee Certificate of Sta		3.75 Filing Fee & 📑	\$87.50 Fill Certificate Certified	e of Status &	Sc.



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

DELAWARE, DO HEREBY CERTIFY "QUADPAY 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 THIRTY-FIRST DAY OF MARCH, 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 SAID "QUADPAY INC."

WAS INCORPORATED ON THE NINETEENTH DAY OF JULY, A.D. 2018.

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

2020 MAR 31 AT 12: 43

Authentication: 202686427

Date: 03-31-20

6981830 8300 SR# 20202487299