(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700380329377

*c.

FILED

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: QUARRY	INTEGI	RATED COMMU	NICATIONS USA INC	
	e of corporation	on - must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Foreign "Certificate of Existence," or "Certificate above referenced foreign corporation to	ite of Good Sta	anding" and check are sub		
Please return all correspondence concer	ming this matt	er to the following:		
Izabela Skrzek				
	Name o	f Person		
Quarry Integrated Communications USA In	nc.			
	Firm/Co	mpany		
1440 King St. North				
	Ado	lress		
St. Jacobs. ON, N0B 2N0 Canada				
	City/State	and Zip code		
iskrzek@quarry.com				
E-mail addro	ess: (to be used	for future annual report r	otification)	
For further information concerning this	matter, please	call:		
Izabela Skrzek	_ at (339-8611		
Name of Person	Area Co		none Number	
STREET/COURIER ADDRE Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	10	MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	
Enclosed is a check for the following at Please make check payable to: FLORIDA \$70.00 Filing Fee \$78.75 Fil Certificate	DEPARTMEN	T OF STATE ☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & 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.

(Enter name of c	LINTEGRATED LOMA orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")			
	N/A			
(If name unavails	able in Florida, enter alternate corporate na	ime adopted for the	purpose of transacting	business in Florida)
2	TEXAS y under the law of which it is incorporated	3	5-277989	8
(State or countr	y under the law of which it is incorporated;)	(FEI number, if appli	icable)
4. APRIL	of incorporation)	5	PERPETUITY	
(Date	of incorporation)	(Date	of duration, if other the	in perpetual)
6	october			
	(Date first transacted busines (SEE SECTIONS 607.1501 & 60)
7. 4819 E	EMPEROR BLVD, SUI (Principal			
	(Principal	office street addre	ss)	
1140 KINI	ST. N, ST. J4COBS,	ONTARI	C, CANADA fferent)	NOB 2NO
8. Name and stree	et address of Florida registered agent: ((P.O. Box <u>NOT</u> a	icceptable)	
Name:	CT CORPORATION SA	STEM		201 TA
Office Address:	1200 SOUTH PINE IS	LAND RCA	D	CL AF
	PLANTATION	Florida	33324	ASS.
	(City)	, 1 lorida	(Zip code)	
designated in this further agree to c	CT CCRPCRATION SY 13CC SOUTH PINE IS PLANTATION (City) ent's acceptance: led as registered agent and to accept se application, I hereby accept the appoint comply with the provisions of all statute with and accept the obligations of my	ervice of process intment as registe es relative to the position as regis	for the above stated c ered agent and agree proper and complete stered agent.	corporation at the place to act in this capacity. I performance of my duties,
	CHUNTHUNCH Assistant E			
	(Registered agent	's signature)		
	certificate of existence duly authenticat State, by the Secretary of State or othe			

under the law of which it is incorporated.

^{11.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS			
☑ Chairman	Name: ALAN OVARRY	□ Chairman	Name: CLEN DRUMMOND
□Vice Chairman	Address: 1140 KING ST.N	□Vice Chairman	Address: 1140 KING ST. N
□Director	ST. JACOBS, ON	Director	ST. JACOBS, ON
□President	CANADA, NOB 2NO	☐ President	CANADA, NOB 2NO
□Vice President		□Vice President	
☐ Secretary	☐ Treasurer	☐ Secretary	☐Treasurer
□ Other	Other	Other	□Other
□ Chairman	Name: TONY MOHR	☐ Chairman	Name: MIKE STURK
□Vice Chairman	Address: 1140 KING ST. N	□Vice Chairman	Address: 1140 KING ST. N
□Director	ST. JACOBS, ON	Z Director	ST. JALOBS, ON
President	CANADA, NOB 2NO	□President	CANADA, NOB 2NO
□Vice President		□Vice President	
☐ Secretary	OTreasurer	☐Secretary	☐Treasurer
□Other	COther	Other	Other
	Name: KEN WHYTE	□ Chairman	Name: MARIO AMANTEA
□ Chairman	Name. Name.		
□Vice Chairman	Address: 1140 KING ST. N		Address: 1140 KINFST. N
□Vice Chairman			
OVice Chairman	Address: 1140 KING ST. N	Director	ST. JACOBS ON
OVice Chairman	Address: 1140 KING ST. N ST. JACOBS, ON	Director	ST. JACOBS ON
OVice Chairman ODirector OPresident	Address: 1140 KING ST. N ST. JACOBS, ON	☑Director ☐President	ST. JACOBS ON
DVice Chairman Director President Vice President	Address: 1140 KING ST. N ST. JACOBS, ON CANADA, NOB 2 NO	☑Director ☐President ☐Vice President	ST. JACOBS ON CAWADA, NOB 2NO
□Vice Chairman □Director □President □Vice President □Secretary □Other □Important Notice: Undividuals may be	Address: 1140 KING ST. N ST. J4COBS , ON CANADA , NOB 2 NO Treasurer Other Use an attachment to report more than six (6). The attact added to the index when filing your Florida Department	□ President □ Vice President □ Secretary □ Other	ST. JACOBS ON CAWADA, NOB 2 NO Treasurer Dother d for reporting purposes only. Non-indexed port form.
□Vice Chairman □Director □President □Vice President □Secretary □Other □Important Notice: Undividuals may be	Address: 1140 KING ST. N ST. J4COBS , ON CANADA , NOB 2 NO Treasurer Other Use an attachment to report more than six (6). The attact added to the index when filing your Florida Department	□ President □ Vice President □ Secretary □ Other	ST. JACOBS ON CAWADA, NOB 2 NO Treasurer Dother d for reporting purposes only. Non-indexed port form.
☐ Vice Chairman ☐ Director ☐ President ☐ Vice President ☐ Secretary ☐ Other ☐ Important Notice: Undividuals may be 12	Address: 1140 KING ST. N ST. J4COBS , ON CANADA , NOB 2 NO Treasurer Other Use an attachment to report more than six (6). The attachment	Director President Vice President Secretary Other hment will be imaged at of State Annual Re	ST. JACOBS ON CAWADA, NOB 2NO Treasurer Other d for reporting purposes only. Non-indexed port form.

1. Name: Meredith Fuller

1440 King St. N.

St. Jacobs, ON NOB 2NO

Canada

Other – Managing Director

2. Name: Mandey Moote

1440 King St. N.

St. Jacobs, ON NOB 2NO

Canada

Other – Managing Director

3. Name: Richard Hill

1440 King St. N.

St. Jacobs, ON NOB 2NO

Canada

Other - Managing Director

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for QUARRY INTEGRATED COMMUNICATIONS USA INC. (file number 148713600), a Domestic For-Profit Corporation, was filed in this office on April 20, 1998.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 19, 2022.



John B. Scott Secretary of State

Phone: (512) 463-5555 Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services