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## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 17, 2023

CORP ACCESS

SUBJECT: QUINSITE, INC. Ref. Number: W23000084965

We have received your document for QUINSITE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

2027 JUN 20 AM 9:

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Letter Number: 123A00013735

## 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.

Delaware	ilable in Florida, enter alternate corporate n	ame adopted for the purpose of transacti 82-1052256	ng business in Florida)	
(State or coun	stry under the law of which it is incorporated	<b>5</b> .	(FEI number, if applicable)	
4. 04/18/2023	·			
(Da	te of incorporation)	5. (Date of duration, if other than perpetual)		
6				
	(Date first transacted busine (SEE SECTIONS 607.1501 & 60	ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liabil	ity)	
7. 205 Lloyd Stree	t, Suite 210 Carrboro, NC 27510		,,	
	(Principal	office street address)		
1818 MLK Jr B	lvd #185 Chapel Hill, NC 27514			
	(Current m	ailing address, if different)	23	
0 Names and seed				
8. Name and stre	ect address of Florida registered agent:	(P.O. Box <u>NOT</u> acceptable)	FILE JUN 20 RETARY	
Name:	Registered Agent Solutions, Inc.		20日	
Office Address:	2894 Remington Green Ln. Ste. A		3	
	Tallahassee	, Florida <sup>32308</sup>	<u> </u>	
	(City)	(Zip code)	<b>登集 め</b>	
	gent's acceptance:			
Unidan base was	ned as registered agent and to accept so	ervice of process for the above states	d corporation at the place	
Having been nan designated in thi	s application, I hereby accept the appoi			
designated in thi further agree to (	s application, I hereby accept the apport comply with the provisions of all statute r with and accept the obligations of my	es relative to the proper and complex	te performance of my dutie	

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

A. DIRECTORS Name: Jeff Maze Jenny Maze □ Chairman □ Chairman 1818 MLK Jr Blvd #185 1818 MLK Jr Blvd #185 ☐Vice Chairman Address: □Vice Chairman Address: Chapel Hill, NC 27514 Chapel Hill, NC 27514 Director Director ■ President President ☐ Vice President ■ Vice President ☐ Secretary □Treasurer ■ Secretary ☐ Treasurer Other \_ □Other \_\_\_\_\_ Other \_ □Other \_ Jeff Clark Name: Name: ■ Chairman □ Chairman 2500 Auburn Street ☐ Vice Chairman Address: ☐Vice Chairman Address: Durham, NC 27705 □ Director ☐ Director □ President ☐ President ☐ Vice President □Vice President ☐ Secretary Treasurer ☐ Secretary ☐ Treasurer □Other \_\_\_\_\_ Other \_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Chairman Name: \_\_\_\_\_ Chairman Name: \_\_\_\_\_ □Vice Chairman Address: \_\_\_\_\_ □Vice Chairman Address: ☐ Director □ Director ☐ President ☐ President ☐ Vice President ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer Other\_\_\_\_ □Other \_\_\_\_\_ ☐ Other \_\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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. Jenny Maze (Typed or printed name and capacity of person signing application)



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

DELAWARE, DO HEREBY CERTIFY "QUINSITE, 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 SIXTEENTH DAY OF JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "QUINSITE, INC."

WAS INCORPORATED ON THE EIGHTEENTH DAY OF APRIL, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.

Authentication: 203571115

Date: 06-16-23