

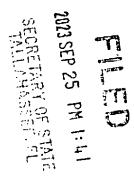
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(Business Entity Name)					
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COVER LETTER

TO:	O: Registration Section Division of Corporations					
SUB.	IECT: QUANTA CONTROL COR	Р				
	Name	of corporation	n - must include suffix			
Dear S	Sir or Madam:					
"Certi	nclosed "Application by Foreign Co ficate of Existence." or "Certificate referenced foreign corporation to t	e of Good Star	nding" and check are sub	ct Business in Florida," omitted to register the		
Please	return all correspondence concern	ing this matte	r to the following:			
DAYA	ANA K. LOPEZ BASURTO					
		Name of	Person			
DKL (CONSULTANT LLC					
		Firm/Con	npany			
1423 P	PONCE DE LEON BLVD					
		Addr	ess			
CORA	L GABLES, FL 33134					
		City/State a	and Zip code			
DAYA	NA.LOPEZ@DKLCONSULTANT.C					
	E-mail address	s: (to be used	for future annual report i	notification)		
For fu	rther information concerning this n	natter, please o	call:			
DAYA	NA K. LOPEZ	at (786 <u> </u>				
	Name of Person	Area Cod	e Daytime Telep	hone Number		
STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7		
Please	sed is a check for the following amomake check payable to: FLORIDA DI 0.00 Filing Fee S78.75 Filin Certificate o	EPARTMENT g Fec &	OF STATE S78.75 Filing Fee & Certified Copy	S87.50 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.

QUANTA CON				
	orporation: must include "INCORPORATED," "orp." "Inc," "Co." or "Corp.")	COMPANY," "CORPORATION,"		
•	TROL FL CORP			
(If name unavaila	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting business	in Florida)	
DELAWARE	3 93	3-1899419		
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)		
06/06/2023	5			
·(Date	of incorporation)	(Date of duration, if other than perpet	ual)	
08/03/2023				
, 444 BRICKELL .	(Date first transacted business in Fl (SEE SECTIONS 607.1501 & 607.1502 AVE , SUITE 416, MIAMI, FL 33131	orida, if prior to registration) F.S., to determine penalty liability)		
1	(Principal office	street address)		
		ç. V		
-	(Current mailing a	ddress, if different)	SEP .	
3. Name and stree	et address of Florida registered agent: (P.O. E	Box NOT acceptable)	P 25 PM 1:41	
Name:	DKI. CONSULTANT LLC		第5	
Office Address:	1423 PONCE DE LEON BLVD		酒三	
	CORAL GABLES	. Florida <u>33134</u>	•	
	(City)	(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.

(Relistered 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.

A. DIRECTORS				
□Chairman	Name:	□Chairman	Name: ROSARIO GONZALES	
□Vice Chairman	Address: 444 BRICKELL AVE STE 416	□Vice Chairman	Address: 444 BRICKELL AVE STE 416	
■Director MIAMI, FL 33131		Director	MIAMI, FL 33131	
□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	□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	Other	
	Use an attachment to report more than six (6). The at e added to the index when filing your Florida Departi			
12	9			
501 20° 15	Signature of Directo octor signing this document (and who is listed in num			

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.

GASPAR FORNACIARI, DIRECTOR

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "QUANTA CONTROL CORP" 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-FOURTH DAY OF AUGUST, A.D.

2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "QUANTA CONTROL CORP" WAS INCORPORATED ON THE SIXTH DAY OF JUNE, A.D. 2023.



Jeffrey W. Bullock, Secretary of State

Authentication: 204029384

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