Division of Corporations

# orida Department of <u>Sta</u>te

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(((H24000043753 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email	Address:				 	



# FOREIGN PROFIT/NONPROFIT CORPORATION OUALITY AND ASSURANCE TECHNOLOGY CORP.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

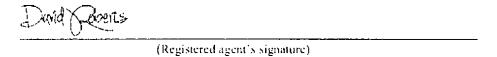
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

To: 18506176383

l .	ID ASSURANCE TECHNOLOGY COR				
(Enter name of e "Inc" "Co" "C	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION."			
QлА Tech Co	orp				
(If name unavail:	able in Florida, enter alternate corporate name :	idopted for the purpose of transacting business in Florida)			
New York	3	27-0943877			
	y under the law of which it is incorporated)	(FEI number, if applicable)			
09/11/2009	5				
(Date	of incorporation)	(Date of duration, if other than perpetual)			
΄r.					
718 Marginwoo	(Date first transacted business in (SEE SECTIONS 607.150) & 607.15 d Drive Ridge, NY 11961	02, F.S., to determine penalty liability)			
	(Principal offic	e <u>street</u> address)			
PMB 165 - 55	07 Nesconset Hwy., Ste. 10 Mount Sin	ai. NY 11766			
	(Current mailin	g address, if different)			
3. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O Registered Agents Inc	. Box <u>NOT</u> acceptable)			
Office Address:	7901 4th St N STE 300				
	St. Petersburg	, Florida 33702			
	(City)				

## 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.



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.

2/1/2024 07:09:59 PST To: 18506176383 Page, 3/4 From: Registered Agents Inc Fax: 81343652

A. DIRECTORS							
⊒Chairman	Name: Marcos Merced	□ Chanman	Name:				
□Vice Chairman	Address: 107 Crystal Brook Hollow Rd	□Vice Chairman	Address:				
Director	Mount Sinai, NY 11766	Darctor					
President		□President					
□Vice President		□Vice President					
☐ Secretary:	[] Preasurer	□Secretary		☐ Treasurer			
□Other	Other	Other		Other			
□Chairman	Name:	(Chairman	Name				
□Vice Chairman	Address:	∐Vice Chairman	Address.				
□Director		□ Director					
□President		□ President					
□Vice President		E)Vice President					
□ Secretary	<u>U</u> Treasurer	□Secretary		□Treasurer			
COther	LiOther	∃Other		DOther			
□ Chairman	Name:	□Chairman	Name.				
□Vice Chairman	Address.	□Vice Chairman	Address				
Director		□ Ducctor					
□President		□President					
□Vice President		Tivice President					
□ Secretary	□Treasurer	DSecretary		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.							
1	Signature of Director of	or Officer					

The officer or director signing this document (and who is based in number 11 above) affirms that the facis 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 \$.817.155, F.S.

### STATE OF NEW YORK

### DEPARTMENT OF STATE

#### Certificate of Status

1, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diffigent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

QUALITY AND ASSURANCE TECHNOLOGY CORP. Entity Name:

3855329 DOS ID Number:

Entity Type: DOMESTIC BUSINESS CORPORATION

To: 18506176383

EXISTING Entity Status: Date of Initial Filing with DOS: 09/11-2009

Statement Status: CURRENT Statement Due Date: 09/30/2025

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State. at the City of Albany, on January 26, 2024 at 09.02 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C. Heylan

By Brendan C. Hughes Executive Deputy Secretary of State

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