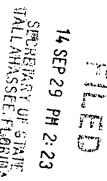
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(Requestor's Name)	
(Address)	4002642257
(Address)	1002012201
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	09/12/140102501
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	TALL A
	HASSEE.

Office Use Only



******130.00





FLORIDA DEPARTMENT OF STATE Division of Corporations

September 18, 2014

MONICA ANDERSON 78 COBALT LN MIRAMAR BEACH, FL 32550

SUBJECT: QUATTRO CONSULTING LLC

Ref. Number: W14000057214

We have received your document for QUATTRO CONSULTING LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 014A00020012

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: QUATTRO CONSULTING LLC. Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certifica Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
MONICA ANDERSON	
Name of Person	
QUATTRO CONSULTING CLC.	
Firm/Company	
78 COBALT LN	
Address	
MIRAMAR BEACH, FL 32550 City/State and Zip Code	
City/State and Zip Code	
tamanderson @ gmail.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
MONICA ANDERSON at (925) 325-9039 Name of Contact Person Area Code Daytime Telephone Number	
Name of Contact Person Area Code Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount: \$\Bigsup \mathbf{\$\fill\text{s}} \mathbf{\$\fill\text{s}	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. QUATTRO CONSULTING LLC.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
2. DELAWARE 3.
2. DECHOVARE (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. (Date first transacted business in Florida, if prior to registration.)
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 78 COBALT LN
MIRAHAR BEACH, FL 32550
(Street Address of Principal Office)
6. 78 COBALT LN
MIRAMAR BEACH, FL 32550
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are
MONICA ANDERSON (PRESIDENT)
78 COBALT LN
MIRAMAR BEACH, FL 32550
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the officient having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translation of the certificate under oath of the translation.
must be submitted)
Signature of an authorized person
Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein a am aware that any 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.)
MONICA ANDERSON
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:			
QUATTED CONSULTING LLC.			
If unavailable, the alternate to be used in the state of Florida is:			
2. The name and the Florida street address of the registered agent and	d office are:		
MONICA ANDERSON			
(Name)			
78 COBALT LN			
Florida Street Address (P.O. Box NOT ACCEPTA	ABLE)		
HIRAMAR BEACH FL 32550 City/State/Zip	4 SEP 29 dioretar		
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes. Oùica (Signature)			

Filing Fee for Application
Designation of Registered Agent

Certified Copy (optional)

Certificate of Status (optional)

\$ 100.00

\$ 25.00

\$ 30.00

\$

5.00

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "QUATTRO CONSULTING LLC" IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HERBY FURTHER CERTIFY THAT THE SAID "QUATTRO CONSULTING LLC" WAS FORMED ON THE SECOND DAY OF JULY, A.D. 2014.

14 SEP 29 PM 2: 24
SHORETARY OF STATE
TALL ANASSEE F. SERIE

5562481 8300

141226394

You may verify this certificate online at corp. delaware.gov/authver.shtml

AUTHENTY CATION: 1733420

DATE: 09-26-14