

M24000008002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

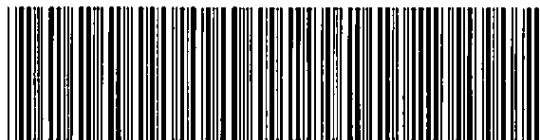
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2024 JUN 21 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2024 JUN 21 AM 9:17

JUN 21 2024

K. Brumley

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$125.00

AUTHORIZATION SIGNATURE: 

Quadratic Energy International LLC

BUSINESS ( Name)

Document #

☐ Walk in

☐ Pick up time

☐ Mail out

☐ Will wait

☐ Photocopy

☐ **Certified Copy**

☐ **Certificate of Status**

**NEW FILINGS**

☐ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ Other

☐ LLLP

**AMMENDMENTS**

☐ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

☐ Conversion

☐ **. INC**

**OTHER FILINGS**

☐ Annual Report

☐ Fictitious Name

☐ APOSTIL ( ) \_\_\_\_\_  
Country

**REGISTRATION/QUALIFICATIONS**

☒ Foreign Filing

☐ Limited Partnership

☐ Reinstatement

☐ Trademark

☐ Other

EXAMINER'S INITIALS: \_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: QUADRATIC ENERGY INTERNATIONAL LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of 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:

AYESHA DAVER SIGELMAN  
Name of Person

-  
Firm/Company

3226 RIVIERA DRIVE  
Address

CORAL GABLES, FL 33134  
City/State and Zip Code

ayeshadaver@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRANDT MORI at (310) 210 0976  
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. QUADRATIC ENERGY INTERNATIONAL 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  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 99-3500968  
(FEI number, if applicable)

4. NA  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 584 MARKET STREET  
(Street Address of Principal Office)

6. 584 MARKET STREET  
(Mailing Address)

SUITE 36461

SUITE 36461

SF, CA, 94104

SF, CA 94104

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: AYESHA DAVER SILERMAN

Office Address: 3226 RIVIERA DRIVE

CORAL GABLES, Florida 33134  
(City) (Zip code)

Registered agent's acceptance:

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 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.

A. Silerman  
(Registered agent's signature)

2024.11.21 11:09:17

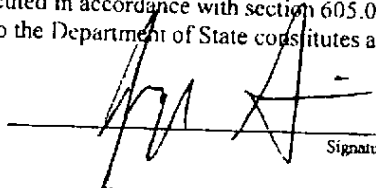
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>	<u>Title or Capacity:</u>		<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name:	JCM KANAM LTD	<input type="checkbox"/> Manager	Name:	
<input type="checkbox"/> Member	Address:	3 <sup>rd</sup> FLOOR, 62-64	<input type="checkbox"/> Member	Address:	
<input type="checkbox"/> Authorized Person		IRISH TOWN, 80 BOX 894 GX 11 1AA, GIBRALTAR	<input type="checkbox"/> Authorized Person		
<input type="checkbox"/> Other			<input type="checkbox"/> Other		
<input checked="" type="checkbox"/> Manager	Name:	JOSEPH SIEGEMAN	<input type="checkbox"/> Manager	Name:	
<input type="checkbox"/> Member	Address:	3226 RIVIERA DR	<input type="checkbox"/> Member	Address:	
<input type="checkbox"/> Authorized Person		CORAL GABLES FL 33134	<input type="checkbox"/> Authorized Person		
<input type="checkbox"/> Other			<input type="checkbox"/> Other		
<input checked="" type="checkbox"/> Manager	Name:	TODD MEISTER	<input type="checkbox"/> Manager	Name:	
<input type="checkbox"/> Member	Address:	150 BRADLEY PLACE	<input type="checkbox"/> Member	Address:	
<input type="checkbox"/> Authorized Person		PALM BEACH, FL 33480	<input type="checkbox"/> Authorized Person		
<input type="checkbox"/> Other			<input type="checkbox"/> 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.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I 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.

  
\_\_\_\_\_  
Signature of an authorized person  
JOSEPH SIEGEMAN  
\_\_\_\_\_  
Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "QUADRATIC ENERGY INTERNATIONAL 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 TWENTIETH DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "QUADRATIC ENERGY INTERNATIONAL LLC" WAS FORMED ON THE ELEVENTH DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



3903390 8300

SR# 20242937855

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203759274

Date: 06-20-24