

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H15000219138 3)))



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**\*RE-SUBMIT\***

To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

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15 SEP 15 AM 11:13

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

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**Quattro Tech Direct Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	0806
Estimated Charge	\$70.00

FLORIDA DEPARTMENT OF STATE  
ALBANY, FLORIDA

15 SEP 17 PM 8:49

FILED

9/15/2015 10:10:57 AM From: To: 8506176381( 2/5 )  
850-617-6381 9/14/2015 5:48:05 PM PAGE 1/001 Fax Server



September 14, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

E-FILE, C T CORPORTION

SUBJECT: QUATRO TECH DIRECT INC.  
REF: W15000060447

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

If you have any further questions concerning your document, please call (850) 245-6052.

Sylvia Gilbert  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H15000219138  
Letter Number: 415A00019372

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date of submission 9/11

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** QUATRO TECH DIRECT INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** SHYAM SUNDAR VAIDYANATHAN

Name (Printed or typed)

1850 PARKWAY PLACE SUITE 1100

Address

MARIETTA GEORGIA 30067

City, State & Zip

877-467-3525

Daytime Telephone number

vikas.talwar@quattro.com

E-mail address: (to be used for future annual report notification)

**NOTE:** Please provide the original and one copy of the articles.

9/15/2015 10:10:57 AM From: To: 8506176381( 5/5 )

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: QUATRRO TECH DIRECT INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

1850 PARKWAY PLACE SUITE 1100

MARIETTA GEORGIA 30067

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: SPECIAL PURPOSE VEHICLE

**ARTICLE IV SHARES**

Five Hundred Thousand (500,000) Comm  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: SHYAM SUNDAR VAIDYANATHAN, I

Address 1850 PARKWAY PLACE SUITE 1100

MARIETTA GEORGIA 30067

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: AMITABH JOHRI, DIRECTOR

Address 1850 PARKWAY PLACE SUITE 1100

MARIETTA GEORGIA 30067

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

9/15/2015 10:10:57 AM From: To: 8506176381( 3/5 )

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: C T Corporation System  
Address: 1200 South Pine Island Road  
Plantation, FL 33324.

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: SHYAM SUNDAR VAIDYANATHAN  
Address: 1850 PARKWAY PLACE SUITE 1100  
MARIETTA GEORGIA 30067

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_, (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

By: Conale Bryan 8/15/2015  
Required Signature/Registered Agent Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

V. Ohanichian 09/08/2015  
Required Signature/Incorporator Date