

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : LAW OFFICE OF LARRY WANG, LLC
Account Number : I20130000086
Phone : (904)217-4514
Fax Number : (866)230-6060

****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

Quadapillar, Inc.

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

2018 JAN 16 PM 3:50

FILED

18 JAN 16 PM 1:29

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

Quadapillar, Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICEPrincipal ~~street~~ address

100 State Road 13 North, Suite D

Mailing address, if different is: _____

Saint Johns, FL 32259

ARTICLE III PURPOSE

All legal business activity to include but not be limited to:

The purpose for which the corporation is organized is: _____

The development and sale of marketing information and product.

ARTICLE IV SHARES

100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lori L. Neighbors - President

Address: 100 State Road 13 N, Suite D

Saint Johns, FL 32259

Name and Title: Arthur McManus - Vice President

Address: 3113 Haley Pointe Road

Saint Augustine, FL 32084

Name and Title: Charles A. Lamont - Treasurer

Address: 14406 Millhopper Road

Jacksonville, FL 32258

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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18 JAN 16 PM 11:29
CLERK OF COURT
JACKSONVILLE, FL

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Lori Neighbors
Address: 100 State Road 13 North, Suite D
Saint Johns, FL 32259

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Lori Neighbors
Address: 100 State Road 13 North, Suite D
Saint Johns, FL 32259

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 days prior or 90 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

Required Signature/Registered Agent

Jan 15, 18
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.

Required Signature/Incorporator

Jan 15, 18
Date