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Electronic Filing Cover Sheet

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To:

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

From:

Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

****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

HQuad Inc

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: HQuad Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

7901 4th St N

STE 300

St. Petersburg FL 33702

Mailing address, if different is:

7901 4th St N

STE 300

St. Petersburg FL 33702

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HQuad Mgmt LLC, PST

Address 7901 4th St N STE 300

St. Petersburg FL 33702

Name and Title: Igor Elisman, D

Address: 7901 4th St N STE 300

St. Petersburg FL 33702

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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: Registered Agents Inc

Address: 7901 4th St N STE 300

St. Petersburg FL 33702

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Riley Park

Address: 7901 4th St N STE 300

St. Petersburg FL 33702

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

Bell Home

Required Signature/Registered Agent

10/21/2022

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.

Riley Park

Required Signature/Incorporator

10/21/2022

Date

10/21/21 11:5:3

NAME RESOLUTION

I, HQuad Mgmt LLC, last authorized officer of HQuad Inc. acting on behalf of the company, authorize Riley Park of Registered Agents Inc. to file the name HQuad Inc, a Florida Profit Corporation for use in the State of Florida.

Dated this 21st day of October, 2022

HQuad Mgmt LLC
HQuad Mgmt LLC, authorized officer

1000 OCT 21 PM 5:00