

Division of Corporations
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the bottom of all pages of the document.

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To:
 Division of Corporations
 Fax Number : (850)617-6393

From:
 Account Name : ADVOS LEGAL PLLC
 Account Number : I20150000090
 Phone : (904)567-5311
 Fax Number : (904)339-9504

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

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

VoxEQ Inc.

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$87.50

ADVOS

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SEVEN THIRTY EIGHT STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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850-617-6381

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July 21, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ADVOS LEGAL PLLC

SUBJECT: VOXEQ INC.
REF: W21000103468

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.

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 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.

Sharon D Franklin
Regulatory Specialist IIFAX Aud. #: H21000276873
Letter Number: 321A00016941

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VoxFQ Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kristen Hansen

Name of Person

ADVOS legal pllc

Firm/Company

5000 Sawgrass Village, Suite 7

Address

Ponte Vedra Beach, FL 32082

City/State and Zip code

support@advoslegal.com

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

For further information concerning this matter, please call:

Kristen Hansen

at (904) 567-5311

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

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

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. VoxEQ Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 87-1719780
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July 8, 2021 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4446-1A Hendricks Ave, Suite 148, Jacksonville FL 32207
(Principal office street address)

(Current mailing address, if different)

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

Name: Northwest Registered Agent, Inc.
Office Address: 7901 4th Street N, STE 300
St. Petersburg, Florida 33702
(City) (Zip code)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Tom Glover

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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A. DIRECTORS

Chairman Name: John W. Caven, III
 Vice Chairman Address: 4446-1A Hendricks Ave
 Director Suite 148
 President Jacksonville, FL 32207
 Vice President _____
 Secretary Treasurer _____
 Other _____ Other _____

Chairman Name: Christopher K Eveland
 Vice Chairman Address: 6007 Sherwood Ct 37215
 Director Nashville, TN 37215
 President _____
 Vice President _____
 Secretary Treasurer _____
 Other _____ Other _____

Chairman Name: Karl H. Sanchack
 Vice Chairman Address: 1933 Lakeside Drive
 Director Erie, PA 16511
 President _____
 Vice President _____
 Secretary Treasurer _____
 Other _____ Other _____

Chairman Name: Michael I. Lutsky
 Vice Chairman Address: 1011 Elm Avenue
 Director Takoma Park, MD 20912
 President _____
 Vice President _____
 Secretary Treasurer _____
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer _____
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer _____
 Other _____ 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.

12. John W Caven, III
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. John W. Caven, III
(Typed or printed name and capacity of person signing application)

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VOXEQ INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF JULY, A.D. 2021.



Jeffrey W. Bullock
 Jeffrey W. Bullock, Secretary of State

6074560 8300

SR# 20212766566

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

Authentication: 203733795

Date: 07-22-21