F14000002377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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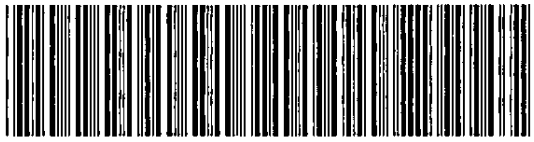

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUN -2 AM 10:01

RECEIVED
14 JUN -2 PM 4:23
DIVISION OF CORPORATIONS

1H

CORPORATION SERVICE COMPANY®

ACCOUNT NO. : I20000000195

REFERENCE : 156052 7672822

AUTHORIZATION

COST LIMIT : $78.75

ORDER DATE : May 28, 2014

ORDER TIME : 3:28 PM

ORDER NO. : 156052-001

CUSTOMER NO: 7672822

FOREIGN FILINGS

NAME: VOICEOVERNET INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray -- EXT# 62925

EXAMINER: _____

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. VOICEOVER NET 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
(State or country under the law of which it is incorporated)

3.
(FEI number, if applicable)

4. 10-14-2008
(Date of incorporation)

5. PERPETUAL
(Duration: Year corp. will cease to exist or "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. 2332 GALIANO ST FL2 C/O VOICEOVERNET INC CORAL GABLES, FL 33134
(Principal office address)

2332 GALIANO ST FL2 C/O VOICEOVERNET INC CORAL GABLES,FL,33134
(Current mailing address)

8. Telecom Professional & Consulting Services Software Development, VOIP Products and Development.
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

10. **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.

Corporation Service Company

By: Emily Gray Asst VP
(Registered agent's signature)

11. 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.

FILED
2008 JUN 12 AM 8:01

12. Names and business addresses of officers and/or directors:

2014 JUN -2 AM 10:01

A. DIRECTORS

Chairman: DANIEL O. TAVIERES

Address: 2332 GALIANO ST. FL2 CORAL GABLES, FL 33134

Vice Chairman:

Address:

Director: GUSTAVO O. MARSICO

Address: 2332 GALIANO ST. FL2. CORAL GABLES, FL 33134

Director:

Address:

B. OFFICERS

President: DANIEL O TAVIERES

Address: 2332 GALIANO ST. FL2 C/O VOICEOVERNET INC CORAL GABLES FL 33134

Vice President:

Address:

Secretary: GUSTAVO O. MARSICO

Address: 2332 GALIANO ST. FL2, CORAL GABLES, FL 33134

Treasurer:

Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. [signature] MAY 29th, 2014

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. DANIEL O TAVIERES, PRESIDENT.

(Typed or printed name and capacity of person signing application)

Delaware

The First State

2014 JUN -2 AM 10:01

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VOICEOVERNET 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 THIRTIETH DAY OF MAY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VOICEOVERNET INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF OCTOBER, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

Jeffrey W Bullock, Secretary of State

4611233 8300

AUTHENTICATION: 1413469

140772229

DATE: 05-30-14

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