Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)205-8842

Fax Number

: (850)878-5368

\*\*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 Seraphim Voices, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

Es.

Electronic Filing Menu

Corporate Filing Menu

NOV # 23015

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## **COVER LETTER**

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TO:	Registrat Division				٠,		
SUBJI	ECT: Ser	raphim '	Voices, Inc.				
20203			Name	of corpora	tion	- must include suffix	<del></del>
Dear Si	ir or Mada	m:			•		
"Certifi	icate of Ex	istence		te of Good	Stan	Authorization to Transac ding" and check are sub- ss in Florida.	
Please 1	return all c	orrespo	ondence concer	ning this m	atter	to the following:	
Jennifer	Tarevoli			•			
				Name	of I	crson	
Nationa	l Registere	d Agent	s, Inc.		:		• •
			•	Firm/0	Com	peny	
900 Me	rchants Cor	ncourse	Suite 405				•
	·····			A	ddre	SS	· · · · · · · · · · · · · · · · · · ·
Westbu	ry, NY 115	90				,	
	<del>(1),7 , 111</del> , ,		<del></del> .	City/Sta	tė ar	d Zip code	
morgani	s@morgan	astarr.co	m	•	: .	•	
			E-mail addre	ss: (to be us	ed f	or future annual report n	otification)
For furt	ther inform	nation (	concerning this	matter, plea	ise c	ali:	
Jennifer	Tasevoli			at (888		579-0286	
	Name of	Person		Area	Code	Daytime Telepl	none Number
					•		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Enclose	ed is a che	ck for t	he following at	nount:	•		•
<b>57</b> 0	.00 Filing	Fcc	Certificate	ing Fee &		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

## 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.

•	s, Inc.	•			
(Enter name of confine.," "Co.," "C	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	o," "COMPANY," "CORPORATION,"	······································		
			•		
		<u> </u>			
(If name unavails	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting business i	in Florida)		
Delaware	4				
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	······································		
8/12/2015		,			
(Date	of incorporation)	(Date of duration, if other than perpetual)			
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	<del></del>		
1094 Woodsmere	Pkwy Rockledge, FL 32955	··			
	(Princ	ipal office address)	<del></del>		
	(Current mail	ling address, if different)	<b>元</b> [1]		
		g =================================			
Name and stree	t address of Florids registered agent. (P	O Roy NOT acceptable)	2		
Name and stree	et address of Florida registered agent: (P	O. Box NOT acceptable)	JV 25		
Name and stree	et address of Florida registered agent: (P NRAI Services, Inc.	O. Box NOT acceptable)	25		
Name:		O. Box <u>NOT</u> acceptable)	25 AM		
Name:	NRAI Services, Inc. 1200 South Pine Island Road	O. Box NOT acceptable)	25		
Name:	NRAI Services, Inc.  1200 South Pine Island Road  Plantation	, Florida 33324	25 AM		
Name:	NRAI Services, Inc. 1200 South Pine Island Road	33324	25 AM		
Name: ffice Address:  Registered age aving been name	NRAI Services, Inc.  1200 South Pine Island Road  Plantation  (City)  ent's acceptance: sed as registered agent and to accept ser	, Florida 33324  (Zip code)  vice of process for the above stated corpora	25 AM 10: 21 SSEE, FLORIDA don at the pl		
Name: ffice Address:  Registered age aving been namesignated in this	NRAI Services, Inc.  1200 South Pine Island Road  Plantation  (City)  ent's acceptance: sed as registered agent and to accept ser application, I hereby accept the appoint omply with the provisions of all statutes	, Florida 33324  (Zip code)  vice of process for the above stated corporatiment as registered agent and agree to act to relative to the proper and complete perform	SSEE, FLORIDA dion at the plan this capacit		
Name: ffice Address:  Registered age aving been names ignated in this arther agree to contact the contact that agree the contact th	NRAI Services, Inc.  1200 South Pine Island Road  Plantation  (City)  ent's acceptance: sed as registered agent and to accept ser supplication, I hereby accept the appoint comply with the provisions of all statutes familiar with and accept the obligations	, Florida 33324  (Zip code)  wice of process for the above stated corporationent as registered agent and agree to act to relative to the proper and complete perform of my position as registered agent.	SSEE, FLORIDA dion at the plan this capacit		
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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 oustody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Nan	nes and business addresses of officers and/or	directors:				
A. DIR	ECTORS	: '				
Chairman	1					·
		•				
Vice Chai	irman:					
Director:	Morgana Starr					
Address:	1094 Woodsmere Pkwy Rockledge, FL 32955	***				
Director:						
•		·	,			
B. OFF	ICERS					
President;		. *:		E.	छ	
		•		A	<u>~</u> 0	1 1
				\hat{\chi}{\	25	er Palaces (malecular) = ,
Vice Presi	ident:			m <sub>E</sub>	223	
	ident:		•	デ (中の) (中の)	Ö	Farmer (
•				8	N	
Secretary:						<del></del>
Address:	·	. •				,
Treasurer:	,	, ,		•		
Address:		4				
NOTE:	If necessary, you may attach an addendum to	the application list	ing additional officers	and/or dire	ectore	
12,	Morgana Starr	the approarion had	mg additional officers	antenot and	xiois.	
are true a	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. Morg	gana Starr - Director	•				•
	(Typed or printed name and c	anacity of person si	oning application)			

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SERAPHIM VOICES, 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-FIFTH DAY OF NOVEMBER, A.D.

2015.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SERAPHIM VOICES, INC." WAS INCORPORATED ON THE TWELFTH DAY OF AUGUST, A.D. 2015.

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

Authentication: 10493227

Date: 11-25-15