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(((H170001075773)))



H170001075773ABC2

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017

Fax Number

Phone : (800)345-4647 : (800) 432-3622

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

Email Address: jason.fisher@actovoice.com

### FOREIGN PROFIT/NONPROFIT CORPORATION ACTOVOICE INC.

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#### **COVER LETTER**

|                                            | tration Section<br>ion of Corporations                                                                                                    |                       |            |                                                                                  |                                                                    |  |  |
|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------|--|--|
| SUBJECT:                                   | ActoVoice Inc.                                                                                                                            |                       |            |                                                                                  |                                                                    |  |  |
| SUBJECT.                                   |                                                                                                                                           |                       |            |                                                                                  |                                                                    |  |  |
| Dear Sir or M                              | adam:                                                                                                                                     |                       |            |                                                                                  |                                                                    |  |  |
| "Certificate of                            | f Existence," or "Co                                                                                                                      |                       | tanding" a | ind check are sub                                                                | et Business in Florida,"<br>mitted to register the                 |  |  |
| Please return :                            | all correspondence                                                                                                                        | concerning this mat   | ter to the | following:                                                                       |                                                                    |  |  |
| Loraine Torres                             | , Paralegal                                                                                                                               |                       |            |                                                                                  |                                                                    |  |  |
|                                            |                                                                                                                                           | Name o                | of Person  |                                                                                  |                                                                    |  |  |
| Cooley LLP                                 |                                                                                                                                           |                       |            |                                                                                  |                                                                    |  |  |
|                                            |                                                                                                                                           | Firm/Co               | ompany     |                                                                                  |                                                                    |  |  |
| 380 Interlocker                            | n Crescent, Suite 900                                                                                                                     |                       |            |                                                                                  |                                                                    |  |  |
| <u></u>                                    |                                                                                                                                           | Ad                    | dress      |                                                                                  |                                                                    |  |  |
| Broomfield, Co                             | O 80021                                                                                                                                   |                       |            |                                                                                  |                                                                    |  |  |
|                                            |                                                                                                                                           | City/State            | and Zip    | code                                                                             |                                                                    |  |  |
| jason.fisher@a                             | ictovoice.com                                                                                                                             |                       |            |                                                                                  |                                                                    |  |  |
|                                            | E-mai                                                                                                                                     | l address: (to be use | d for futu | re annual report i                                                               | notification)                                                      |  |  |
| For further in                             | formation concerni-                                                                                                                       | ng this matter, pleas | e call:    |                                                                                  |                                                                    |  |  |
| Loraine Torres                             | , Paralegal                                                                                                                               | 720<br>at (           | 566        | -4000                                                                            |                                                                    |  |  |
| Nam                                        | e of Person                                                                                                                               | Area C                | ode        | Daytime Telep                                                                    | hone Number                                                        |  |  |
|                                            |                                                                                                                                           |                       |            | •                                                                                |                                                                    |  |  |
| Regis<br>Divis<br>Clifto<br>2661<br>Tallal | eET/COURIER A<br>stration Section<br>ion of Corporations<br>on Building<br>Executive Center C<br>hassee, FL 32301<br>check for the follow | ircle                 |            | MAILING A<br>Registration S<br>Division of Co<br>P.O. Box 6327<br>Tallahassee, F | ection<br>orporations<br>7                                         |  |  |
| □ \$70.00 Fil                              | ing Fee 🗀 \$78                                                                                                                            | .75 Filing Fee &      |            | 75 Filing Fee &<br>fied Copy                                                     | □ \$87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |  |  |

FLORIDA DEPARTMENT OF STATE

Division of Corporations

April 20, 2017

CAPITOL SERVICES, INC.

SUBJECT: ACTO VOICE INC.

REF: W17000033906

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.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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 dall (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

FAX Aud. #: H17000107577 Letter Number: 217A00007673

P.O BOX 6327 - Tallahassee, Florida 32314

## 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.

| (If name unavaila                        | ble in Florida, enter alternate corporate name ado                                       | pted for the purpose of transacting business in Florida)                                                   | •               |                                               |
|------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------|
| Delaware<br>2.                           | 3.                                                                                       |                                                                                                            |                 |                                               |
|                                          | y under the law of which it is incorporated)                                             | (FEI number, if applicable)                                                                                | •               |                                               |
| 4/17/2017<br>4.                          | 5                                                                                        | (Date of duration, if other than perpetual)                                                                | -               |                                               |
| •                                        | of incorporation)                                                                        | (Date of duration, if other than perpetual)                                                                |                 |                                               |
| 6                                        |                                                                                          |                                                                                                            | _               |                                               |
|                                          | (Date first transacted business in FI<br>(SEE SECTIONS 607.1501 & 607.1502               |                                                                                                            | -               |                                               |
| 1511 E State Road                        | d 434, Suite 2001, Winter Springs, Florida 32708                                         | <b>k</b>                                                                                                   |                 |                                               |
| /·                                       | (Principal                                                                               | office address)                                                                                            | -               |                                               |
|                                          |                                                                                          | ; <sup>4</sup>                                                                                             | _               |                                               |
|                                          | (Current mailing a                                                                       | address, if different)                                                                                     | 7               | , , <u>, , , , , , , , , , , , , , , , , </u> |
|                                          |                                                                                          |                                                                                                            | PR              | 1.0                                           |
| 8. Name and street                       | t address of Florida registered agent: (P.O. I                                           | 30x NOT acceptable)                                                                                        | APR 20          | 2                                             |
| NT                                       | Jason Fisher                                                                             |                                                                                                            |                 |                                               |
| Name:                                    | 1511 E State Road 434, Suite 2001                                                        | <del>_</del>                                                                                               | 至               | ###<br>                                       |
| Office Address:                          |                                                                                          | <del></del> .                                                                                              | 奠               | المارين<br>حد رش                              |
|                                          | Winter Springs                                                                           | , Florida                                                                                                  | <u> </u>        | <u> </u>                                      |
|                                          | (City)                                                                                   | (Zip code)                                                                                                 |                 | -;                                            |
| _                                        |                                                                                          |                                                                                                            |                 |                                               |
| 9. Registered age                        |                                                                                          | of moseon for the phone stated comporation at the                                                          | niace           |                                               |
| naving been num                          | ea as registerea agent and to accept service application. I hereby accept the appointmen | of process for the above stated corporation at the<br>nt as registered agent and agree to act in this capa | pace<br>wity. I |                                               |
|                                          | omply with the provisions of all statutes rela                                           | itive to the proper and complete performance of n                                                          | עוי             |                                               |
| further agree to c                       | "كمان منت كم 12 كان مائه كان المنت المان كان ا                                           | ny position as registered agent.                                                                           |                 |                                               |
| further agree to c                       | amiliar with and accept the obligations of n                                             | · ·                                                                                                        |                 |                                               |
| further agree to c<br>duties, and I am f | ctoVoice Inc.                                                                            |                                                                                                            |                 |                                               |

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. Nam    | nes and business addresses of officers and/or directors:                                                                                                                                                                                                                     |                             |      |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------|
| A. DIRI    | ECTORS (See attacked)                                                                                                                                                                                                                                                        |                             |      |
| Chairman   | (See attached)                                                                                                                                                                                                                                                               |                             |      |
| Address:   |                                                                                                                                                                                                                                                                              |                             |      |
| ,          |                                                                                                                                                                                                                                                                              |                             |      |
| Vice Chai  | iirman:                                                                                                                                                                                                                                                                      |                             |      |
|            |                                                                                                                                                                                                                                                                              |                             |      |
|            |                                                                                                                                                                                                                                                                              |                             |      |
| Director   |                                                                                                                                                                                                                                                                              |                             |      |
|            |                                                                                                                                                                                                                                                                              |                             |      |
| Addiess.   |                                                                                                                                                                                                                                                                              |                             | •    |
|            |                                                                                                                                                                                                                                                                              |                             |      |
|            |                                                                                                                                                                                                                                                                              |                             |      |
| Address:   |                                                                                                                                                                                                                                                                              | <u> </u>                    |      |
|            |                                                                                                                                                                                                                                                                              | — <del>_</del>              |      |
| B. OFF     |                                                                                                                                                                                                                                                                              |                             |      |
| President  | (See attached)                                                                                                                                                                                                                                                               |                             |      |
| Address:   |                                                                                                                                                                                                                                                                              |                             |      |
|            |                                                                                                                                                                                                                                                                              | ==                          |      |
| Vice Pres  | sident:                                                                                                                                                                                                                                                                      | AP<br>R                     |      |
| Address:   |                                                                                                                                                                                                                                                                              | $\frac{\tilde{\sim}}{\sim}$ |      |
|            |                                                                                                                                                                                                                                                                              | <del></del>                 | 70 K |
| Secretary: | /:                                                                                                                                                                                                                                                                           |                             | 900  |
|            |                                                                                                                                                                                                                                                                              | <del></del>                 |      |
| Treasurer  |                                                                                                                                                                                                                                                                              |                             |      |
| Address:   |                                                                                                                                                                                                                                                                              |                             |      |
|            |                                                                                                                                                                                                                                                                              |                             |      |
|            | If necessary, you may attach an addendum to the application listing additional officers and/or directors.  [Second Fisher]                                                                                                                                                   |                             |      |
| 12         | Signature of Director or Officer                                                                                                                                                                                                                                             |                             |      |
| are true a | icer or director signing this document (and who is listed in number 11 above) affirms that the facts stated her and that he or she is aware that false information submitted in a document to the Department of State constituence felony as provided for in s.817.155, F.S. |                             |      |
|            | on Fisher, Chief Executive Officer                                                                                                                                                                                                                                           |                             |      |
|            | (Typed or printed name and capacity of person signing application)                                                                                                                                                                                                           |                             |      |

## ATTACHED TO AND FORMING A PART OF APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

43

11.

The address for all of the following directors and officer is c/o ActoVoice Inc., 1511 E State Road 434, Suite 2001, Winter Springs, FL 32708

A. DIRECTORS

Jason Fisher (Common Director)
John Cooper (Series Seed Director)
Deepak Mohan (Series Seed Director)

#### **B. OFFICERS**

Jason Fisher, President, Chief Executive Officer, Chief Financial Officer and Secretary Narayana Aroori, Chief Technology Officer and Chief Product Officer

17 APR 20 AM IN 19

# Delaware

Page 1

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

DELAWARE, DO HEREBY CERTIFY "ACTOVOICE 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 NINETEENTH DAY OF APRIL, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACTOVOICE INC."

WAS INCORPORATED ON THE SEVENTEENTH DAY OF APRIL, A.D. 2017.

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

6382520 8300 SR# 20172624012

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

MSR

Authentication: 202398939

Date: 04-19-17