Division of Corporations Electronic Filing Cover Sheet

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

(((1117000114723 3)))



H170001147233ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (859)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : 120080000045

Phone : (302)645-7400

Fax Number

: (302)645=1280

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

gary@transcribeme.com Email Address:

### FOREIGN PROFIT/NONPROFIT CORPORATION

TranscribeMe Inc.

| Certified Copy   | U      |  |
|------------------|--------|--|
| (Contract Cop)   | U      |  |
| Page Count       | U4     |  |
| Estimated Charge | S78.75 |  |

Electronic Filing Mora Corporate Filing Menu

Helm APR 2 7 2017

Y SULKER

#### 2/

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503. FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORFORATION TO TRANSACT SUSINESS IN THE STATE OF FLORIDA TranscribeMe Inc. (Enter passe of corporation; must include "INCOSPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co.," er "Corp.") (If name unavailable in Flonda, enter alternate corporate name adopted for the purpose of transacting business in Flonda) (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 116! Mission St., San Francisco, CA 94103 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc. Mane: 3030 N. Rocky Point Dr. STE 150A Office Address: 33607 Laurua .

### 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.

(Registered agent's aignature)

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. Names and business addresses of officers and/or direc-   | otors:   | (((H17000114723 3)   | ))                    |
|--|--|--|-----------------------|
| A. DIRECTORS   |  |  |                       |
| Chairman   |  |  |                       |
| Address  |  |  |                       |
|  |  |  |                       |
| Vice Chairman:   |  |  |                       |
| Address:   | •  |  |                       |
|  |  |  |                       |
| Yuri Pikover, 1161 Mission St., San Francisco, CA 9<br>Director:   | 4103   |  |                       |
| Address  |  |  |                       |
|  |  |  |                       |
| Director   |  |  |                       |
| Address  |  |  |                       |
|  |  |  |                       |
| B. OFFICERS  |  |  |                       |
| Vadim Piatov, 1161 Mission St., San Francisco, CA<br>President   | 94133  | <u></u>  |                       |
| President:   |  | •  |                       |
| Address:   | •  | 6 N  |                       |
| Time Describert.   |  | 171  |                       |
| Vice President   |  | <b>7</b> X2  |                       |
| Address  | namentalen auch maniel tider intdiss sien siellen tele siellen tid siellen tid siellen tiden (der Geber Gebe   |  | ******                |
|  |  | is an angular and a community of community and a community and a community and a community described and a second distances and the control of the control o |                       |
| Secretary.   | and the second summation can be suffered above the second block of the second s | makin karu nadosa naru nadosa karu nadasa saru nasuru nasu saruru nagu nasuru nasuru nasuru nasuru nasuru nasu   | 1 NOT BELOW 1 NOT 100 |
| Address  | adde lann haddig elder sofiade lann kolleg bade kolleg bade kolleg bade kollege bedeut der bedeut der bedeut d   | ter in the state of the state o |                       |
| freasuret  |  |  |                       |
| A ddress:  |  |  |                       |
| NOTE: If necessary, you may attach an addendum to the  |  | onal officers and/or directors.  |                       |
| Signæure of D  | Pirector or Officer  |  |                       |
| The officer or director signing this document (and who is are true and that he or she is aware that false information a third degree felony as provided for in s.817.155, F.S. |  |  |                       |
| Vadum Piston, President  |  |  |                       |
| (Transfor printed name and can be  | ite of same a significant  | 1. a. a-t. a. a. b   |                       |

To:18506176383 :13026451280

(((H17000114723 3)))

# Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRANSCRIBEME 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-SIXTH DAY OF APRIL, A.D. 2017.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRANSCRIBEME INC." WAS INCORPORATED ON THE THIRTIETH DAY OF MAY, A.D. 2012.

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

5161832 8300

SR# 20172836225

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

Authentication: 202440918

Date: 04-26-17