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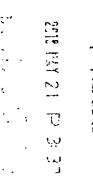
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(City/State/Zip/Priorie #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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04/30/18--01043--025 **125.00





Division of Corporations

May 3, 2018

KAREN HARRIS 240 NEWBURY ST DANVERS, MA 01923

SUBJECT: ONVOCAL, INC. Ref. Number: W18000041298

We have received your document for ONVOCAL, INC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LLC, but your entity is a FOREIGN CORP. Please complete and return the enclosed blank form(s).

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.

Letter Number: 918A00009069

Dionne M Scott Regulatory Specialist II

> DEPARTMENT DIVISION OF CON-TALL AMASSER

COVER LETTER

TO:	Registration Sectorial Division of Corp			
SUBJ	ЕСТ:	Onvocal, J	nc. tion - must include suffix	
		ivame of corpora	tion - must include suffix	
Dear S	ir or Madam;			
"Certif	icate of Existence		for Authorization to Transa Standing" and check are sub siness in Florida.	
	-	ondence concerning this ma	atter to the following:	
4	aren k	larris_		
		Name	of Person	ت. راب
O	nyocal,	Inc.		enso
			Company	T
2	to Newl	auch St		21
	7000	A	ddress	· · · ·
D	/.n.cos	MA 0192	3	₩
		City/Sta	te and Zip code	·. 3
K	aren On	rvocal, com	te and Zip code	
		E-mail address: (to be us	sed for future annual report	notification)
		oncerning this matter, plea		
	. 1	_		
1	aren Ho	25715 at (78	1 389 - 917 Code Daytime Telep	1
	Name of Person	Area (Code Daytime Felep	none Number
	STREET/COU	RIER ADDRESS:	MAILING A	DDRESS:
Registration Section Registration S			Section	
	Division of Corporations Division of Corporat Clifton Building P.O. Box 6327			
	Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 3231			
	Tallahassee, FL	32301		
Enclos	ed is a check for t	he following amount:		
X 570	0.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

(Date of duration, if other the	
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(Date of duration, if other the	
	han perpetual) :
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lorida, if prior to registration)	v) .
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address, if different)	ري ريا
	· ,
Box NOT acceptable)	
Encorporated	
(address, if different) Box NOT acceptable) Incorporated Rd.

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 signature)

BUNUSS FUNGS Incorporated

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 directors: A. DIRECTORS Chairman: Vice Chairman: Address: **B. OFFICERS** President: William Graylin Address: 240 Newbury St Danvers MA 01923 Vice President: Address: Secretary: John Frontz Address: 240 Newbury St Danvers MA 01923 Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. William Graylin (Typed or printed name and capacity of person signing application)



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

DELAWARE, DO HEREBY CERTIFY "ONVOCAL, INC." IS DULY INCORPORATED

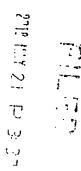
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE THIRTEENTH DAY OF APRIL, A.D. 2018.

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

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





4595157 8300 SR# 20182678343 Authentication: 202509961

Date: 04-13-18