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(((H20000438170 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SMITH HULSEY & BUSEY

Account Number : 075030000653 Phone : (904)359-7700 Fax Number : (904)359-7708

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

Email Address:____alittle@albertellilaw.com

FOREIGN PROFIT/NONPROFIT CORPORATION

Voxtur Technologies, Inc.

Certificate of Status	0
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From: Fax Admin

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FLORIDA DEPARTMENT OF STATE Division of Corporations

SMITH BULSEY & BUSEY

December 28, 2020

SUBJECT: VOXTUR TECHNOLOGIES, INC.

REF: W20000146294

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.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Sharon D Franklin Regulatory Specialist II

FAX Aud. #: H20000438170 Letter Number: 720A00026148

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.

		e anopted for the purpose of	transacting business in Florida)	
Delaware 3		85-4149629		
(State or country	under the law of which it is incorporated)	`	iber, if applicable)	
September 28, 2	September 28, 2020 5.			
(Date	(Date of incorporation)		(Date of duration, if other than perpetual)	
October 1, 2020				
· · · · · · · · · · · · · · · · · · ·	(Date first transacted business (SEE SECTIONS 607.1501 & 607			
5404 Cypress Cer	nter Dr., Suite 300, Tampa, Florida 33609		700	
	(Principal c	ffice street address)	CAR	
same			美国	
	(Current ma	ling address, if different)	3385	
Name and street	et address of Florida registered agent: (1	O. Box NOT acceptable)		
Name:	Smith Hulsey & Busey, Professional Ass	ociation	1800 1800 1800 1800 1800 1800 1800 1800	
fice Address:	One Independent Drive, Suite 3300		•	
	Jacksonville	, Florida		

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.

St. More, Unce President
(Registered agent's signature)

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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A. DIRECTORS □Chairman	Name:	□ Chairman	Name:			
	5404 Cynross Center Dr. Ste 300	□Vice Chairman				
□Vice Chairman	Address:					
Director		□Director				
President		□President				
□Vice President		☐ Vice President				
□Secretary	Treasurer	Secretary		☐ Treusu rer		
Other	Other	Other		Other		
☐ Chairman	Name:	Chairman	Name:			
□Vice Chairman	Address:	□ Vice Chairman	Address:			
□Director		Director				
□President		President				
□Vice President		□Vice President		5. 5. 5.		
Secretary	□Treasurer	☐ Secretary		□Treasurer →		
Other	□Other	Other		Other		
□ Chairman	Name:	Chairman	Name:			
□Vice Chairman	Address:	□ Vice Chairman	Address:			
□Director		Director				
□President		□President				
□Vice President		□ Vice President				
Secretary	Treasurer	☐ Secretary		☐Treasurer		
Other		Other		Other		
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.						
12.	Signature of Director	or 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.						

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

Fax:



Page 1

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

DELAWARE, DO HEREBY CERTIFY "VOXTUR TECHNOLOGIES, 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-EIGHTH DAY OF DECEMBER, A.D.

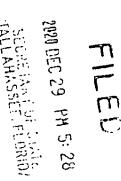
2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VOXTUR

TECHNOLOGIES, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF

SEPTEMBER, A.D. 2020.

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





Authentication: 204428223

Date: 12-28-20

3757573 8300 SR# 20208773125

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