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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Voxi Media Inc.			
· · · · · · · · · · · · · · · · · · ·	Name of corporation -	must include suffix	
Dear Sir or Madam:			
	tificate of Good Stand	uthorization to Transact Business in ing" and check are submitted to region Florida.	
Please return all correspondence co	oncerning this matter to	o the following:	
Haitham Bassiouny			
	Name of Pe	erson	
Voxi Media Inc.			
	Firm/Comp	any	
17113 Miramar Parkway, Unit# 245			
Address		25.5	
Miramar, FL 33027			; <del>-</del>
	City/State and Zip code		<u>~</u>
hb@voximedia.com			. ~
E-mail a	address: (to be used for	future annual report notification)	
For further information concerning this matter, please call:		? 	
Haitham Bassiouny	646 at (	945-3103	
Name of Person	Area Code	Daytime Telephone Number	<del> </del>
STREET/COURIER AD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Su Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
<u> </u>	IDA DEPARTMENT C 5 Filing Fee & 🗀 S	\$78.75 Filing Fee & \$87.50 Certified Copy Certified	Filing Fee, cate of Status of 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.

1. Voxi Media I	nc.			
•	f corporation; must include "INCORPORATED "Corp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION."		
Voxi Marketi	ing			
(If name unav	ailable in Florida, enter alternate corporate name	adopted for the purpose of transacting	business in Florida)	
2. MN 3.		26-4581051		
(State or cou	ntry under the law of which it is incorporated)	(FEI number, if applicable)		
4. 03/2009	5.	Perpetual		
	ate of incorporation)	(Date of duration, if other than perpetual)		
6. N/A				
		n Florida, if prior to registration) 502, F.S., to determine penalty liability	)	
7. 17113 Mirama	r Parkway. Unit #245, Miramar, FL 33027			
,	(Principal off	ice street address)		
Same as above	:		~ 1	
	(Current mailin	ng address, if different)	3	
8. Name and str	reet address of Florida registered agent: (P.C	D. Box NOT acceptable)	~3 (-3	
Name:	Haitham Bassiouny			
Office Address:	17113 Miramar Parkway, Unit #245		( <u>.</u>	
	Miramar		5	
	(City)	(Zip code)		

#### 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 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.

A. DIRÉCTORS						
□Chairman	Name: Haitham Bassiouny	□Chairman	Name:	· · <del>-</del>		
□Vice Chairman	Address: 4333 Clarinbridge Cir	□ Vice Chairman	Address:			
□Director	Dublin, CA 94568	Director				
President		□President				
□Vice President		□Vice President	_			
Secretary	□Treasurer	Secretary		□Treasurer		
□Other	Other	Other		□Other		
□Chairman	Name:	□Chairman	Name:	···		
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director		- <del></del>		
□President		□President		<del></del>		
□Vice President		□Vice President				
Secretary	□Treasurer	Secretary		☐Treasurer		
□Other	Other	□Other		□Other =		
				:		
□Chairman	Name:	□Chairman	Name:	<u>~~~</u>		
□ Vice Chairman	Address:	□Vice Chairman		• • • • • • • • • • • • • • • • • • • •		
□Director		□Director				
□President		□President				
□Vice President	<del> </del>	□Vice President				
□Secretary	□Treasurer	☐ Secretary		□Treasurer		
□Other	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 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. Har Ham Bassion of person signing application)						

## Office of the Minnesota Secretary of State Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: Voxi Media Inc.

Date Filed: 03/23/2009

File Number: 3266434-2

Minnesota Statutes, Chapter: 302A

Home Jurisdiction: Minnesota

This certificate has been issued on: 01/01/2021



Ateve Pinn Steve Simon

Secretary of State State of Minnesota