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## **COVER LETTER**

TO:	D: Registration Section Division of Corporations					
SHRI	ECT: ClicTell Corp.					
3020	Name of corporation	n - must include suffix				
Dear S	ir or Madam:					
"Certif	iclosed "Application by Foreign Corporation for ficate of Existence," or "Certificate of Good Starteferenced foreign corporation to transact busing	inding" and check are submitted to register	ida." the			
Please	return all correspondence concerning this matter	er to the following:				
	Amanda Blaufus					
	Name o	f Person				
	White Summers Caffee & James, LLP					
	Firm/Co	mpany				
	805 SW Broadway, Suite 2440					
	Ado	lress	- 1			
	Portland, OR 97205		<u></u>			
	City/State	and Zip code				
	jshephard@clictell.com					
	E-mail address: (to be used	for future annual report notification)	£'1			
For fu	rther information concerning this matter, please	call:	•			
	Amanda Blaufus 503 at (	688-4393	<del></del>			
	Name of Person Area Co	ode Daytime Telephone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Please	sed is a check for the following amount: make check payable to: FLORIDA DEPARTMEN 0.00 Filing Fee \$ \$78.75 Filing Fee & Certificate of Status	NT OF STATE  ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing  Certified Copy  Certificate  Certified C	of Status &			

## 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 incorporation)  (Date of duration, if other than perpetual)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (O423 State Road 7, Ste F6-471, Boca Raton, FL 33498  (Principal office street address)  (Current mailing address, if different)  ame and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Mahendra (Mike) Doobay  20423 State Road 7, Ste F6-471  Boca Raton  Florida  (City)  Florida  (Zip code)	State or country under the law of which it is incorporated)  (Date of incorporation)  (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)  (Principal office street address)  (Current mailing address, if different)  ame and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Name:  Mahendra (Mike) Doobay  20423 State Road 7, Ste F6-471  Boca Raton  (City)  Florida  33498  (Zip code)  egistered agent's acceptance:
(Date of incorporation)  (Date of incorporation)  (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)  20423 State Road 7, Ste F6-471, Boca Raton, FL 33498  (Principal office street address)  (Current mailing address, if different)  ame and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Mahendra (Mike) Doobay  20423 State Road 7, Ste F6-471  Boca Raton  , Florida 33498 (Zip code)	(Date of incorporation)  (Date of duration, if other than perpetual)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Principal office street address)  (Current mailing address, if different)  (Current mailing address, if different)
(Date of incorporation)  (Date of duration, if other than perpetual)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (O423 State Road 7, Ste F6-471, Boca Raton, FL 33498  (Principal office street address)  (Current mailing address, if different)  ame and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Mahendra (Mike) Doobay  20423 State Road 7, Ste F6-471  Boca Raton  Florida  (City)  Florida  (Zip code)	(Date of incorporation)  (Date of duration, if other than perpetual)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (O423 State Road 7, Ste F6-471, Boca Raton, FL 33498  (Principal office street address)  (Current mailing address, if different)  ame and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Mahendra (Mike) Doobay  20423 State Road 7, Ste F6-471  Boca Raton  , Florida 33498 (Zip code)  egistered agent's acceptance:
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20423 State Road 7, Ste F6-471	ree Address:  20423 State Road 7, Ste F6-471  Boca Raton , Florida 33498 (City)  (City)  Registered agent's acceptance:
20423 State Road 7, Ste F6-471	ce Address:    Doca Raton   Florida   33498   (Zip code)
Boca Raton Florida 33498 (City) (Zip code)	Boca Raton , Florida 33498 (City) (Zip code)  Registered agent's acceptance:
(City) (Zip code)	(City) (Zip code)  Registered agent's acceptance:
(City) (Zip code)	
	ing been named as registered agent and to accept service by process for the above stated corporation at the gnated in this application, I hereby accept the appointment as registered agent and agree to act in this capa
	her agree to comply with the provisions of all statutes relative to the proper and complete performance of m

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. DIRECTORS								
■ Chairman	Name:	□Chairman	Name:	enjamin Gill				
□Vice Chairman	Address: 20423 State Road 7, Ste F6-471	□Vice Chairman	Address:	20423 State Road 7, Ste F6-471				
Director	Boca Raton, FL 33498	Director		Boca Raton, FL 33498				
■ President		□President						
□Vice President		□Vice President						
Secretary	[] Treasurer	Secretary		□Treasurer				
Other	□Other	□Other		□Other				
□Chairman	James Shephard Name:	□Chairman	Name:					
□Vice Chairman	Address: 20423 State Road 7	□Vice Chairman	Address:					
Director	Ste F6-471	□Director						
□President	Boca Raton, FL 33498	□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						
President		□President						
□Vice President	<del>.</del>	□Vice President						
Secretary	□Treasurer	□ Secretary		□Treasurer				
Other	□Other	□Other	<del></del>	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							
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 Mahendra (Mike) Doobay, CEO & President								
(Typed or printed name and capacity of person signing application)								

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CLICTELL CORP." 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 NINTH DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLICTELL CORP."

WAS INCORPORATED ON THE FOURTH DAY OF FEBRUARY, A.D. 2021.

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

Authentication: 202468950

Date: 02-09-21

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