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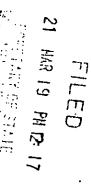
| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nam | ne) |
| (Do | ocument Number) | |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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151 Southhall Lane, Ste 450 Maitland, FL 32751 P.ONDrawer 200 Winter Park, FL 32790-0200 www.inteserra.com

March 18, 2021 Via Overnight Delivery

Registration Section
Division of Corporations
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RE:

qcVoice, Inc.

Application by Foreign Corporation for Authorization to Transact Business in Florida

Dear Sir or Madam:

Enclosed for filing please find the Application by Foreign Corporation for Authorization to Transact Business in Florida submitted on behalf of qcVoice, Inc. Included with this Application is the Company's Certificate of Good Standing issued by the state of New York and a check in the amount of \$78.75, representing the filing fee.

Please acknowledge receipt of this filing by date-stamping the extra copy of this cover letter and returning it to me in the self-addressed, stamped envelope provided for that purpose.

Any questions you may have regarding this filing should be directed to my attention at 407-659-8748 or via email to kbeck@inteserra.com. Thank you for your assistance in this matter.

Sincerely,

Kristina Beck

Associate Consultant

tms: FLsos2100

Enclosures CW/rs/kb

COVER LETTER

| _ | stration Sec sion of Corp | | | | |
|--------------------------------|---|---------------------------------|-----------------|--|--|
| SUBJECT: | qeVoice Ir | ic, | | | |
| SOBSECT. | - | Name o | of corporation | - must include suffix | |
| Dear Sir or M | ładam: | | | | |
| "Certificate of | of Existence | | of Good Stan | Authorization to Transa ding" and check are sub ss in Florida. | |
| Please return | all corresp | ondence concerni | ng this matter | to the following: | |
| Rebecca Smo | ot | | | | |
| | | | Name of | Person | |
| Inteserra Cons | sulting Grou | p | | | |
| | | | Firm/Com | pany | |
| 151 Southhall | Lane. Suite | 450 | | | |
| | | | Addre | ess | |
| Maitland, FL | 32751 | | | | |
| | | - | City/State a | nd Zip code | |
| rsmoot@intes | егта.com | | | | |
| | | E-mail address | : (to be used f | or future annual report | notification) |
| For further in | nformation | concerning this m | atter, please c | all: | |
| Rebecca Smo | ot | | 407 at (| 740-3017 | |
| Nam | ne of Persor | 1 | Area Cod | e Daytime Telep | hone Number |
| Regi Divis Clift 2661 | stration Sec sion of Corp on Building | porations G Center Circle | S: | MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F | Section orporations 7 |
| Enclosed is a | check for | the following amo | ount: | | |
| □ \$70.00 Fi | ling Fee | S78.75 Filing Certificate of | _ | \$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.

| (Enter name of co | orporation; must include "INCORPORATE | D." "CC | MPANY." "CORPORAT | ON," | | | | |
|--------------------------------|---|--|-------------------------------|----------|--|---------|------|--|
| Inc.," "Co.," "C | orp," "Inc," "Co," or "Corp.") | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| If name unavaila | able in Florida, enter alternate corporate nar | ne adopte | ed for the purpose of transa | cting b | business | in Flor | ida) | |
| New York | | 47-5 | 47-5455449 | | | | | |
| (State or countr | y under the law of which it is incorporated) | which it is incorporated) (FEI number, | | | if applicable) | | | |
| October 30, 201 | 5 | | , | | • | | | |
| , | | 5 | (Data - 6.1 | L1_ | | | | |
| • | of incorporation) | | (Date of duration, if ot | ner in | an perpei | uai) | | |
| August 01, 2020 | , | | | | | | | |
| | (Date first transacted busines | s in Flori | da, if prior to registration) | | | | | |
| | (SEE SECTIONS 607.1501 & 607 | 7.1502, F | .S., to determine penalty lia | ibility) |) | | | |
| 69 Lexington A | ve Ste 326 New York, NY 10017 | | | | | | | |
| | (Prir | ncipal off | ice address) | | - | | | |
| | · | | | | | | | |
| | (Current ms | iling add | ress, if different) | | | | | |
| | (Current ma | ining add | ress, ir directing | | | | | |
| | | | | | 7 | 21 | | |
| | | | | | ; ; | | | |
| Name and stree | et address of Florida registered agent: (| P.O. Bo | x <u>NOT</u> acceptable) | | | 725 | | |
| | et address of Florida registered agent: (Corporation Service Company | P.O. Bo | x <u>NOT</u> acceptable) | | | NAR | 7 | |
| Name and <u>stree</u> Name: | Corporation Service Company | P.O. Bo | x <u>NOT</u> acceptable) | | | NAR 19 | 1 | |
| Name: | | Р.О. Во | x <u>NOT</u> acceptable) | | | 9 | | |
| Name: | Corporation Service Company | P.O. Bo | 32301 | | 674735 J. 6777 18 40 AST 1755 | 19 PH | | |
| | Corporation Service Company 1201 Hays Street | P.O. Bo | | ÷ | (dae) 4 (13 - 14) 18 (14) 18 | 9 | | |

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.

Roxanne Turner
Asst. Vice President

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: _____ Director: __ Address: ___ Director: **B. OFFICERS** Jonathan Morris President: 369 Lexington Ave Ste 326 Address: New York, NY 10017 Vice President: Address: ______ Secretary: _ Treasurer: __ NOTE: In 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. Jonathan Morris 13.

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of QCVOICE INC was filed on 10/30/2015, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



洋洋洋

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 08th day of March two thousand and twenty-one.

Brandon C Hughan

Brendan C Hughes