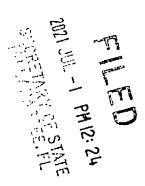
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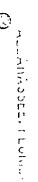
	questor's Name)	
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PłCK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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#### Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

## incserv

#### **ORDER FORM**

FROM

Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 7/1/2021

850-245-6051

PRIORITY Regular Approval

OUR REF\_#\_(Order\_ID#)] 931037

ORDER ENTITY\_\_\_\_\_SPEECHIFY, INC.

PLEASE PERFORM T	HE FOLLOWING SERVICES:
SPEECHIEY INC	(FI)

File the attached foreign qualification document and provide a certified copy and certificate of status.

NOTES:

\$87.50 Authorized

Email address for annual report reminders: cliff@speechify.com

#### RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Thursday, July 1, 2021 Page 1 of 1

### 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.

(If name unavailable Delaware (State or country undecember 1, 2016)	3. Inder the law of which it is incorporated)	adopted for the purpose of transacting business in Florid. 81-4958197  (FEI number, if applicable)  (Date of duration, if other than perpetual)	a) —
Oblaware  (State or country of December 1, 2016)  (Date of February 15, 2021)	3. Inder the law of which it is incorporated)	81-4958197  (FEI number, if applicable)	(a)
(State or country of December 1, 2016) (Date of February 15, 2021)	inder the law of which it is incorporated)	(FEI number, if applicable)	_
December 1, 2016  (Date of	inder the law of which it is incorporated)	(FEI number, if applicable)	_
(Date of	incorporation) 5.	(Date of duration, if other than perpetual)	_
	incorporation)	(Date of duration, if other than perpetual)	
February 15, 2021			
10 SW 31st Rd, Mia	mi, FL 33129	502. F.S., to determine penalty liability)	
40 SW 31st Rd, Mia		ce <u>street</u> address)	
	(Current mailir	g address, if different)	
Name:	uddress of Florida registered agent: (P.C Ofek Cliff Weitzman	D. Box NOT acceptable)  PH 12: 24  (Zip code)	TI
fice Address:	40 SW 31st Rd	<u> </u>	177
1	Miami	, Florida 33129	
<del>-</del>	(City)	(Zip code)	
signated in this ap rther agree to com	as registered agent and to accept servi oplication, I hereby accept the appointn	ce of process for the above stated corporation at the nent as registered agent and agree to act in this ca pelative to the proper and complete performance of	re plac pacity.
<u></u>	s/ Ofek Cliff Weitzman		
	(Registered agent's si	gnature)	

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

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS							
■Chairman	Name: Ofek Cliff Weitzman	□Chairman	Name:				
□Vice Chairman	40 SW 31st Rd,	□Vice Chairman	Address:				
Director	Miami, FL 33129	Director					
■ President		□President					
□Vice President		□Vice President	4-231				
■ 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		□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		□Other			
	Use an attachment to report more than six (6). The added to the index when filing your Florida Department.			rposes only. Non-indexed			
12. /s/ Ofek Cliff Weitzman 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 o 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. Ofek Cliff Weitzman

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SPEECHIFY, 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-NINTH DAY OF JUNE, A.D. 2021.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SPEECHIFY, INC."

WAS INCORPORATED ON THE FIRST DAY OF DECEMBER, A.D. 2016.

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



Aeffrey W. Brallock, Secretary of State )

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