F2100000 4991

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

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COVER LETTER

TO:	Division of Corporations	•
SUB.	JECT: Voi Ci	O INC.
	Name of corpo	ration - must include suffix
Dear :	Sir or Madam:	
"Certi		n for Authorization to Transact Business in Florida," I Standing" and check are submitted to register the usiness in Florida.
Please	e return all correspondence concerning this r	natter to the following:
J	ason Birkers Nam	
	Nan	ne of Person
	Voicio Inc.	
	Firm	/Company
_5	971 Brick ct	Suite 2011
<u>u</u>	Voicio Inc. 971 Brick ct Jinter Park Fa	Address 32792
	Jason · Birkett E-mail address: (to be t	tate and Zip code O i Cloud • Compassed for future annual report notification)
	orther information concerning this matter, ple	
آ_	Name of Person Area	O7) 408 0662 Code 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 DEPARTM 0.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	IENT OF STATE □ \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy



August 4, 2021

JASON BIRKEN 5971 BRICK CT STE 2011 WINTER PARK, FL 32792

SUBJECT: VOICIO INC.

Ref. Number: W21000109010

We have received your document for VOICIO INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 821A00018450

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

EGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	
Voicio Inc.	
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"	
"Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.")	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
Dele Ware 3 87-1840560	
State or country under the law of which it is incorporated) 3. 87-1840560 (FEI number, if applicable)	
Date of incorporation) (Date of duration, if other than perpetual)	
(Date of incorporation) (Date of duration, if other than perpetual)	
<u> </u>	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
5971 Brick Ct SUITE 2011 WINTER PRIVE FL 3	3770
(Principal office street address)	<i>&</i> 11
(Current mailing address, if different)	
Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	
Name: Jason Birken	
ffice Address: 5971 Brick Ct Sourc 2011	
CUINT - Davy Florida 32792 No (City) (Zip code)	
(City) (Zip code)	
Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the pla	ice
signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity	y. <i>1</i>
orther agree to comply with the provisions of all statutes relative to the proper and complete performince of my different law familiar with and accept the obligations of my position as registered agent. $\cong \mathbb{Z} \oplus \mathbb{Z}$	luties,
3	
()	
(Registered quest's signature)	
(Registered agent's signature)	
). Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdict	
· · · · · · · · · · · · · · · · · · ·	

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.

A. DIRECTORS				
□Chairman	Name: Jason Birkett	□Chairman	Name:	
□Vice Chairman	Address: 5971 Brick CT	□Vice Chairman	Address:	
Director	5011C 2011	□Director		
□President	Winter park Fo 32792	□President		
□Vice President		□Vice President		
☐ Secretary	Treasurer	☐ Secretary		☐ Treasurer
□Other	□ Other	□Other		Other
☐President ☐Vice President ☐Secretary	Name: ADrc FORDC Address: 5971 Brick CT DUITC 2011 WINT CO PAYK FL 32792	☐Director ☐President ☐Vice President ☐Secretary	Address:	☐Treasurer
□Other	Other	Other		Other
€ Director	Name: Matthew RIDDEII Address: 5971 Brick Ct Duit & 2011 Luinteu park Fr 32772	☐Chairman ☐Vice Chairman ☐Director ☐President		
□Vice President		□Vice President		
□ Secretary	□Treasurer	□Secretary		□Treasurer
□Other	□Other	Other		□Other
12. The officer or direct	Use an attachment to report more than six (6). The attachment added to the index when filing your Florida Department Signature of Director or Signature of Director or also information submitted in a document to the Department of Signature of Director or also information submitted in a document to the Department of Signature of Director or also information submitted in a document to the Department of Signature of Director or also information submitted in a document to the Department of Signature of Director or also information submitted in a document to the Department of Signature of Director or also information submitted in a document to the Department of Signature of Director or also information submitted in a document to the Department of Signature of Director or also information submitted in a document to the Department of Signature of Director or also information submitted in a document to the Department of Signature of Director or also information submitted in a document to the Department of Signature of Director or also information submitted in a document to the Department of Signature of Director or also information submitted in a document to the Department of Signature of Si	of State Annual Re Officer 11 above) affirms th	eport form. at the facts state	d herein are true and that he or

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

Page 1



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

DELAWARE, DO HEREBY CERTIFY THAT "VOICIO INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR

DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY

AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE TWENTY-THIRD DAY OF JULY, A.D. 2021, AT 1:08 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE CORPORATION IN

QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY

CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

Authentication: 203990600

Date: 08-24-21