

F21000006870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

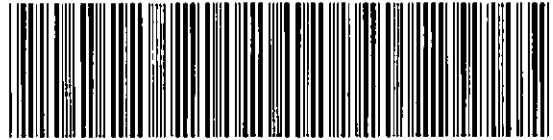
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2021 DEC -2 PM 12:10
TALLAHASSEE, FL
REC'D
2021 DEC -2 PM 3:43
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 01-15-2021 BY 60322 UCBAW/STP

S. ROBERTS

DEC 02 2021

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 219954 4325457

AUTHORIZATION :

COST LIMIT : \$ 87.50

ORDER DATE : November 11, 2021

ORDER TIME : 2:58 PM

ORDER NO. : 219954-005

CUSTOMER NO: 4325457

FOREIGN FILINGS

NAME: COTALKER INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COTALKER INC

Name of corporation -

must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

NICOLAS ANDRES DURAN STEINMAN

Name of Person

Firm/Company

Address

City/State and Zip code

nicolas.duran@cotalker.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicolas Duran

at () 954

643-1497

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations Division of Corporations
The Centre of Tallahassee P.O. Box 6327
2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &

Certificate of Status Certified Copy

☐ \$78.75 Filing Fee &

☒ \$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.*

1. Cotalker Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co." or "Corp.")
2. _____
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
3. Delaware 87-2557496
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 08/30/2021 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. NA
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 686 Conservation Dr, Weston, FL 33327

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee 32301
Florida (City) (Zip code)

2021 DEC -2 PM 12:10
TALLAHASSEE, FL

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.

Corporation Service Company

By: _____

Eyline Bahor
Assistant Vice President

(_____ 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.

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

A. DIRECTORS

☐ Chairman Name: Nicolas Duran Steinman

☐ Vice Chairman Address: 686 Conservation Dr. Weston, FL 33327

☒ Director Director

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ 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. Nicolas Andres Duran Steinman
(Typed or printed name and capacity of person signing application)

November 23, 2021

Florida Secretary of State

Division of Corporations

Re: Cotalker, Inc.

Dear Sir/Madam:

I, Nicolas Duran, am the sole owner and manager of the Florida limited liability company Cotalker LLC. This entity is not necessary for my business and I have started the dissolution process for it. We have no plans to reinstate Cotalker LLC in the future.

I formed Cotalker, Inc. in Delaware as a corporation and plan on using this legal entity to do business in Miami, FL. I have filed for authorization to do business in the State of Florida for Cotalker, Inc.

I hereby consent on behalf of Cotalker LLC to the admission of Cotalker, Inc. in Florida as an authorized corporation to do business.

Thank you for your attention to this consent letter.

Signed,



Nicolas Duran

Owner, Cotalker LLC

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COTALKER 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 ELEVENTH DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COTALKER INC." WAS INCORPORATED ON THE THIRTIETH DAY OF AUGUST, A.D. 2021.

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



6202871 8300

SR# 20213767524

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204661414

Date: 11-11-21