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Division of Corporations

F22000001250

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Voyse Technologies US, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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Corporate Filing Menu

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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. Voyse Technologies US, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. 87-3150327

(FEI number, if applicable)

4. 10/13/2021

(Date of incorporation)

5. _____

(Date of duration, if other than perpetual)

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

180 Montgomery Street, Suite 1860, San Francisco, CA 94104

7. _____

(Principal office street address)

(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(City)

(Zip code)

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.

C T Corporation System

By: _____

(Registered agent's signature)

- Peter Trawinski, Assistant Secretary

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]:

FILED
 2022 MAR -2 AM 8:47
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

A. DIRECTORS

☐ **Chairman** Name: Majid Moujaled
 180 Montgomery Street, Suite 1860, San Francisco, CA 94104

☐ **Vice Chairman** Address: _____

☒ **Director** _____

☒ **President** _____

☐ **Vice President** _____

☐ **Secretary** ☐ **Treasurer**

☐ **Other** _____ ☐ **Other** _____

☐ **Chairman** Name: Marc Gottschalk
 180 Montgomery Street, Suite 1860, San Francisco, CA 94104

☐ **Vice Chairman** Address: _____

☐ **Director** _____

☐ **President** _____

☐ **Vice President** _____

☒ **Secretary** ☐ **Treasurer**

☐ **Other** _____ ☐ **Other** _____

☐ **Chairman** Name: Ham Serunjog
 180 Montgomery Street, Suite 1860, San Francisco, CA 94104

☐ **Vice Chairman** Address: _____

☒ **Director** _____

☐ **President** _____

☒ **Vice President** _____

☐ **Secretary** ☐ **Treasurer**

☐ **Other** _____ ☐ **Other** _____

☐ **Chairman** Name: Christopher Eddy
 180 Montgomery Street, Suite 1860, San Francisco, CA 94104

☐ **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. Ham Serunjog, Vice President
 (Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "VOYSE TECHNOLOGIES US, 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 FIFTEENTH DAY OF FEBRUARY, A.D.
2022.

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



6273958 8300

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

Jeffrey W. Bullock, Secretary of State

Authentication: 202662058