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	will generate another cover sheet.			

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone : (855)330-1010 Fax Number

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

Ivoxy Consulting Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

S. FRANKLIN Help JUL 1 5 2022

Electronic Filing Menu Corporate Filing Menu

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.

	sulting Inc.	SOLAR LANCE WOODROD ATTION!	
(Enter name of c	orporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp.")	COMPANY, "CORPORATION,	
	247		
(If name unavail	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting busin	ess in Florida)
Washing	ton 3		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable	e)
8/23/200	6 ,		
	of incorporation)	(Date of duration, if other than per	rpetual)
	(Date first transacted business in Flo		
7004 445 0	(SEE SECTIONS 607.1501 & 607.1502,	•	
79014th S	St N STE 300 St. Petersburg Fl		
7004 445 ((Principal office s		
7901 4th 3	St N STE 300 St. Petersburg FL		
	(Current mailing a	idress, if different)	zetz Jul
N	on adding a StD cide of internal manner (B () D	MOT agazetable)	
Name and stre	et address of Florida registered agent: (P.O. B	ox <u>inter</u> acceptable)	
Name:	Registered Agents Inc.		Pii
ffice Address:	7901 4th St N STE 300		1: 24
	St. Petersburg	, Florida 33702	
	(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.

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.

A. DIRECTORS						
□Chairman	Name: Eric Watson	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
ⅪDirector	7901 4th St N STE 300	□Director		<u> </u>		
X President	St. Petersburg FL 33702	□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 <u>13</u>		
□Chairman	Name:	□Chairman	Name:	<u> </u>		
□Vice Chairman	Address:	□Vice Chairman	Address:	PH		
Director		□Director				
□President		□President				
□Vice President		□Vice President		and the state of t		
☐ Secretary	□Treasurer	☐Secretary		□Treasurer		
□Other		□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.						
Signature of Director or Officer						
	ctor signing this document (and who is listed in number alse information submitted in a document to the Departi					
Fric M. Watson, CEO						





Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

IVOXY CONSULTING INC.

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 08/23/2006.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 07/12/2022 UBI Number: 602 644 374

STATE OF NASHINGS 1889

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

to R Hobbie

Steve R. Hobbs, Secretary of State

Date Issued: 07/12/2022