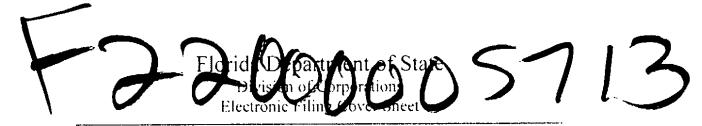
"Page: 1 of 5 Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

2022-09-12 20:02:19 GMT

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6333

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000007 Phone : (845)425-0077 Fax Number : (845)819-3588

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

| Email | Address: | <br> |
|-------|----------|------|
|       |          |      |

## FOREIGN PROFIT/NONPROFIT CORPORATION TEXT MY BUSINESS, INC.

| Certificate of Status | 0       |  |  |
|-----------------------|---------|--|--|
| Certified Copy        | 0       |  |  |
| Page Count            | 01      |  |  |
| Estimated Charge      | \$70.00 |  |  |

Electronic Filing Menu

Corporate Filing Menu

Help

~ Page: 4 of 5

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. TEXT MY BUSINESS, INC.  (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," |  |   |  |  |  |  |  |  |
|---|--|---|--|--|--|--|--|--|
| "Inc.," "Co.," "C   | orp," "Inc," "Co," or "Corp.")   |   |  |  |  |  |  |  |
|   |  |   |  |  |  |  |  |  |
| (If name unavail  | able in Florida, enter alternate corporate                                     | name adopted for the purpose of transacting business in Florida)                                    |  |  |  |  |  |  |
| 2. New York   |  | 3. 46 - 292 185 9<br>ed) (FEI number, if applicable)  |  |  |  |  |  |  |
| (State or countr  | y under the law of which it is incorporat                                      | ed) (FEI number, if applicable)   |  |  |  |  |  |  |
| 4. 06/04/2013   |  | 5.  |  |  |  |  |  |  |
| (Date   | of incorporation)  | 5. (Date of duration, if other than perpetual)  |  |  |  |  |  |  |
| 6.  |  |   |  |  |  |  |  |  |
|   | (SEE SECTIONS 607.1501 &   | ness in Florida, if prior to registration) 607.1502, F.S., to determine penalty liability)          |  |  |  |  |  |  |
| 7. 405 E San Marin  | o Dr., Miami Beach, FL 33139   |   |  |  |  |  |  |  |
|   | (Princip   | pal office street address)  |  |  |  |  |  |  |
| C/O PEYSER &  |  | 500 FIFTH AVENUE, SUITE 4300, NEW YORK, NY 10110  |  |  |  |  |  |  |
|   | (Current   | mailing address, if different)  |  |  |  |  |  |  |
|   |  | :<br>   |  |  |  |  |  |  |
| 3. Name and stree   | et address of Florida registered agent   | (P.O. Box NOT acceptable)   |  |  |  |  |  |  |
| Name:   | David Wood   |   |  |  |  |  |  |  |
| Office Address:   | 405 E San Marino Dr.   |   |  |  |  |  |  |  |
|   | Miami Beach  | , Florida 33139 (Zip code)  |  |  |  |  |  |  |
|   | (City)   | (Zip code)  |  |  |  |  |  |  |
| o Distanced co  |  |   |  |  |  |  |  |  |
| 9. Registered age<br><i>Having been nam</i>   | ent's acceptance:<br>red 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 app   | pointment as registered agent and agree to act in this capacity.                                    |  |  |  |  |  |  |
|   | omply with the provisions of all state<br>with and accept the obligations of i | utes relative to the proper and complete performance of my duti<br>my position as registered agent. |  |  |  |  |  |  |
| un <b>u</b> 1 um jummu  |  | (1)   |  |  |  |  |  |  |
|   | Day  | 1 Wod   |  |  |  |  |  |  |
| -   | (Registered age  | ent'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.

Page: 5 of 5

A. DIRECTORS

| Chainnan  | Name:                                   | □ Chairman      | Name:         |             |  |  |  |
|---|---|-----------------|---------------|-------------|--|--|--|
| □Vice Chairman Address: 405 E San Marino Dr.  |   | □Vice Chairman  | Address:      |             |  |  |  |
| []Director  | Miami Beach, FL 33139                   | □Director       |               |             |  |  |  |
| President   |   | □President      |               |             |  |  |  |
| □ Vice President  |   | □Vice President |               |             |  |  |  |
| Secretary   | □Treasurer                              | ☐ Secretary     |               | ☐ Treasurer |  |  |  |
| □Other  | Other                                   | Other           |               | []Other     |  |  |  |
| □ Chainnan  | Name:                                   | □ Chairman      | Name:         |             |  |  |  |
| □Vice Chairman  | Address:                                | □Vice Chairman  | Address:      |             |  |  |  |
| □Director   |   | □Director       | ·             |             |  |  |  |
| President   |   | □President      |               |             |  |  |  |
| □Viœ President  | *************************************** | □Vice President |               |             |  |  |  |
| ☐ Secretary   | ☐ Trensurer                             | ☐ Secretary     |               | ☐Treasure:  |  |  |  |
| □Other  | □Other                                  | Other           | ·····         | □ Other     |  |  |  |
| □ Chairman  | Name:                                   | □Chaimun        | Name:         |             |  |  |  |
| □Vice Chairman  | Address:                                | □Vice Chairman  | Address:      | . 2         |  |  |  |
| Director  |   | □Director       |               | 2           |  |  |  |
| □President  |   | □President      |               |             |  |  |  |
| □ Vice President  |   | □Vice President |               | ្វា         |  |  |  |
| ☐ Secretary   | ☐ Treasurer                             | ☐ Secretary     |               | □Treasurcr  |  |  |  |
| □Other  |   | □Other          | · <del></del> | □()ther     |  |  |  |
| 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. David Wood, President  (Typed or printed name and capacity of person signing application)   |   |                 |               |             |  |  |  |

18886118813

## STATE OF NEW YORK

## DEPARTMENT OF STATE

## Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:

TEXT MY BUSINESS, INC.

DOS ID Number:

4412235

Entity Type:

DOMESTIC BUSINESS CORPORATION

**Entity Status:** 

**EXISTING** 

Date of Initial Filing with DOS:

06/04/2013

Statement Status:

CURRENT

Statement Due Date:

06/30/2023

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type:

CERTIFICATE OF INCORPORATION

Date of Filing:

06/04/2013

Entity Name:

PRONTO TEXT, INC.

Document Type:

CERTIFICATE OF AMENDMENT

Date of Filing:

01/16/2014

Name Changed To:

TEXT MY BUSINESS, INC.

Document Type:

BIENNIAL STATEMENT

Date of Filing:

07/05/2016

Effective Date:

06/01/2015

Page 1 of 2

To:

Document Type: BIENNIAL STATEMENT

 Date of Filing:
 06/29/2017

 Effective Date:
 06/01/2017

Document Type: BIENNIAL STATEMENT

 Date of Filing:
 06/18/2019

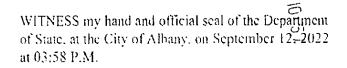
 Effective Date:
 06/01/2019

Document Type: BIENNIAL STATEMENT

 Date of Filing:
 06/02/2021

 Effective Date:
 06/01/2021

No information is available from this office regarding the financial condition, business activity or practices of this entity.



ROBERT J. RODRIGUEZ, Secretary of State

Brandon C. Hughan

By Brendan C. Hughes

Executive Deputy Secretary of State

Authentication Number: 100002171057 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <a href="http://ecorp.dos.ny.gov">http://ecorp.dos.ny.gov</a>