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S. ROBERTS
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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	ECT: ChatterBoss Inc				
0020	·	corporation	- must include suffix		
Dear S	ir or Madam:				
"Certi		f Good Stan	Authorization to Transact Business in Florida," ding" and check are submitted to register the ss in Florida.		
Please	return all correspondence concerning	g this matter	to the following:		
Valeriy	a Donohue				
	· - · · · · · · · · · · · · · · · · · · ·	Name of	Person		
Chatte	rBoss Inc				
		Firm/Con	pany		
1000 B	rickell Ave.Ste 715 PMB 5059				
<u> </u>	 	Addr	ess		
Miami	. FL 33131				
		City/State a	nd Zip code		
finance	cachatterboss.com				
	E-mail address:	to be used	or future annual report notification)		
For fu	rther information concerning this mat	ter, please o	all:		
Kellie	Morgan	907	782-9736		
	Name of Person	Area Cod	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	and is a check for the following amount make check payable to: FLORIDA DEP 0.00 Filing Fee	ARTMENT Fee &	OF STATE 3 \$78.75 Filing Fee & Sertificate 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.

ChatterBoss Inc.					
	orporation; must include "INCORPORATED," orp.," "Inc.," "Co.," or "Corp.,")	"COMPANY." "CORPORATION."			
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting bu	siness in Florida)		
Delaware 2.		. 88-4372624 3.			
(State or countr	y under the law of which it is incorporated)	(FEI number, if application	able)		
4. 1 Jan 2023	5.				
(Date	of incorporation)	(Date of duration, if other than perpetual)			
6. I Jan 2023					
	(Date first transacted business in F (SEE SECTIONS 607,1501 & 607,150)	lorida, if prior to registration) 2, F.S., to determine penalty liability)			
7. 1000 Brickell Av	e.Ste 715 PMB 5059, Miami, FL, 33131				
	(Principal office	street address)			
	(Current mailing	address, if different)	202511		
8. Name and street	et address of Florida registered agent: (P.O.	Box NOT acceptable)	;		
Name:	Valeriya Donohuc	<u></u>	ري 		
Office Address:	3635 NE 1st Ave, #1007	_	10:1		
	Miami	, Florida 33137	- S		
	(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 Valeriva Donohue Name: _____ Name: □Chairman □Chairman 1000 Brickell Ave. Ste 715 PMB 5959 □Vice Chairman Address: □ Vice Chairman Address: Miami, FL, 33131 Director □Director ■President □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 ☐Treasurer □ Secretary □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 _____ 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 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.

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

Valeriya Donohue

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CHATTERBOSS 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 JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHATTERBOSS INC." WAS INCORPORATED ON THE SEVENTH DAY OF DECEMBER, A.D. 2022.

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

Authentication: 202467340

Date: 01-11-23

7174383 8300 SR# 20230086533

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