F23000004405

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M. SOLOMON JUL 2 6 2023

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: VOLLI COMMUNICATIONS, INC.	
	1 - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stan above referenced foreign corporation to transact busine	Iding" and check are submitted to regions the
Please return all correspondence concerning this matter	to the following:
Birdell Stokes	" N
Name of	Person
CLA/ Volli Communications, Inc.	HV28
Firm/Com	
3575 Piedmont Rd NE Bldg 15-1550	
Addre	
Atlanta, GA 30305	50 A
City/State ar	nd Zip code
birdell.stokes@claconnect.com	
E-mail address: (to be used for	or future annual report notification) .
For further information concerning this matter, please ca	all:
Birdell Stokes at (404	467-5831
Name of Person Area Code	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
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT (\$70.00 Filing Fee	OF STATE \$78.75 Filing Fee &

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.

Ohio	4		n Florida)
(Ca-a	y under the law of which it is incorporated)	5-1226819	
01/01/2012	y under the law of which it is incorporated)	(FEI number, if applicable)	
(Date	of incorporation) 5		
June 27, 2023	or meorporation)	(Date of duration, if other than perpetus	al)
790 Windmiller D	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 R. Pickerington, OH 43147	lorida, if prior to registration) 2. F.S., to determine penalty liability)	
	(Principal office	Street address)	
	(<u> </u>	707
	(Current mailing a	address, if different)	<u>ر کر در در</u>
Name and street	address of Florida registered agent: (P.O. I		LI OSLIARY OF STATE AH 9: 32
Name:	Cogency Global Inc.		OF S
Tice Address:	115 North Calhoun Street, Suite 4,	_	02/0E
	Tallahassee	, Florida 32301 (Zip code)	10
	(City)	(Zip code)	

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 Name: _ Terry Madden Chairman □ Chairman Name: _____ 790 Windmiller Dr. ☐Vice Chairman ☐ Vice Chairman Address: Pickeington, OH 43147 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 ☐ Secretary ☐ Treasurer ☐ Secretary ☐Treasurer. Other O □ Other _____ □ Other _____ □ Other _____ □Chairman Name: _____ ☐ Chairman □Vice Chairman Address: _____ ☐ Vice Chairman Address: ☐ Director ☐ Director □ President President □Vice President _____ ☐Vice President ☐ 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. adde. 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 9.817.155, F.S.

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

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show VOLLI COMMUNICATIONS, INC., an Ohio corporation, Charter No. 2070856, having its principal location in Pickerington, County of Fairfield, was incorporated on January 1, 2012 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 25th day of June, A.D. 2023.

1 flow

Ohio Secretary of State

Validation Number: 202317600100



July 24, 2023

BIRDELL STOKES 3575 PIEDMONT RD NE BLDG 15-1550 ATLANTA, GA 30305 US

SUBJECT: VOLLI COMMUNICATIONS, INC.

Ref. Number: W23000100854

We have received your document for VOLLI COMMUNICATIONS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 923A00016491

Andrea Andrews Regulatory Specialist II

www.sunbiz.org