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Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

F: 800.944.6607

# **COVER LETTER**

TO:	Registration Section Division of Corporate				
CHDI	IECT:	DATA	OICE INTE	RNATIONAL, INC.	
3000		Name of corp	oration - mu	st include suffix	
Dear S	Sir or Madam:				
"Certi	ficate of Existence,	n by Foreign Corporat  or "Certificate of Go corporation to transact	od Standing'	and check are submit	
Please	return all correspon	ndence concerning this	matter to th	e following:	
		i	ORI HALL		
	_	N	ame of Perso	n	
		C/O CALIB	ER PUBLIC	SAFETY	
		Fir	m/Company		
		102 W	3RD ST STE	A05	
			Address		
		WINSTON	I SALEM NO	27101	
		City	State and Zi	p code	
		_	arriscompute		
		E-mail address: (to b	e used for fu	ture annual report noti	fication)
For fu	rther information co	oncerning this matter, p	olease call:		
	LORI HALI	- at (	716 )	402-251	L
	Name of Person	Ar	ea Code	Daytime Telephor	ne Number
	STREET/COUR Registration Sect Division of Corpo The Centre of Ta 2415 N. Monroe Tallahassee, FL	orations Hahassee Street, Suite 810		MAILING ADE Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion orations
Please	make check payable	e following amount: to: FLORIDA DEPART \$78.75 Filing Fee Certificate of State	& 🗆 \$78		\$87.50 Filing Fee, Certificate 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.

A.		VOICE INTERNA	SINESS IN THE STATE OF FLO ATIONAL, INC.	IKIDA.	
(Enter name of c	orporation; must include "INC orp," "Inc," "Co," or "Corp.")	ORPORATED," "	COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate	corporate name add	opted for the purpose of transacting	business in Florida)	
2	TX	3	75-2618637		
(State or countr	y under the law of which it is i	ncorporated)	75-2618637 (FEI number, if appl	icable)	
4.					
(Date	of incorporation)		(Date of duration, if other tha	an perpetual)	
6					
			lorida, if prior to registration) 2, F.S., to determine penalty liability	)	
<b>7</b> .	800 N. Watte	ers Road, Suite 1	30, Allen, TX 75013		
		(Principal office	street address)		
		<u> </u>	11 16 11 60 12		
		(Current mailing a	address, if different)	)247	
8. Name and stree	et address of Florida register	red agent: (P.O. I	Box NOT acceptable)	024 APR 10	<u>. 1</u>
Name:	Cogency Glo		·	10 P11	*! ****
Office Address:	115 North Calhoun	Street, Suite 4		<del>==</del>	
	Tallahassee,	Florida	, Florida	15	
	(City)		(Zip code)		
designated in this further agree to c	ned as registered agent and application, I hereby acce	ot the appointmen of all statutes rela	of process for the above stated on the as registered agent and agree tive to the proper and complete ion as registered agent.	to act in this capac	city. I
	Karruyn Christenec				
	<u>-</u>	Kathryn C	hristener, Assistant Secretary	<u> </u>	
	(Reg	stered agent's sign	ature)		

<sup>10.</sup> 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.

### DocuSign Envelope ID: C441EE5F-7231-4E10-9DCB-F923DFCFA1C2 A. DIRECTORS Jeff Bender Todd Richardson Name: \_\_ Chairman Name: \_\_\_\_\_ □Chairman 1 Antares Dr. Ste 100 1 Antares Dr, Ste 100 ☐ Vice Chairman Address: □ Vice Chairman Address: Ottawa ON K2E 8C4 Ottawa ON K2E 8C4 □ Director ■ Director ■ President □President ☐ Vice President \_ ☐ Vice President ☐ Treasurer ☐ Treasurer Secretary □ Secretary CFO CEO □Other \_\_\_\_\_ □Other \_\_\_\_\_ ■Other \_\_\_\_\_ ■ Other \_ Amanda Neale Name: □Chairman Name: \_\_\_\_\_ □ Chairman 1 Antares Dr, Ste 100 ~ □Vice Chairman Address: \_ Address: \_\_\_\_\_ ☐ Vice Chairman Ottawa ON K2E 8C4 □ Director □ Director □President □President ■Vice President \_\_\_\_\_\_ ☐ Vice President ☐ Treasurer □Treasurer □ Secretary ☐ Secretary □ Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_ □Other Name: \_\_\_\_\_ □ Chairman 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. Todd Richardson

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.

Todd Richardson

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



# Office of the Secretary of State

## **Certificate of Fact**

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for DATAVOICE INTERNATIONAL, INC. (file number 137433500), a Domestic For-Profit Corporation, was filed in this office on October 17, 1995.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 09, 2024.



gave Helson

Jane Nelson Secretary of State

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