

F24000002032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

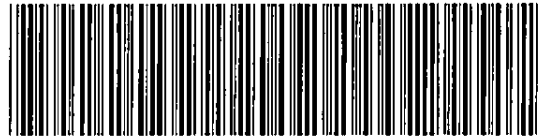
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W23000151151

Office Use Only



100418152331

10/31/23--01040--005 **78.75

04/15/24--01009--024 **150.00

2024 APR 15 4:11:29

APR 16 2024

K. Brumbley



December 20, 2023

ATTN: Corey Pettway

Florida Department of State, Division of Corporations – Registration Section
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303, US

Dear Florida Department of State - Division of Corporations,

RE: Company Name Release Notification: Ref Number: W23000151151. Letter Number: 323A00025798

I am writing to formally request that the Florida Department of State - Division of Corporations, release the company name "PayByPhone US Inc." (Document Number of corporation: P23000076110), from the department's company register effective immediately.

The decision to release the company name is due to an administrative error. PayByPhone US Inc. is incorporated in the State of Delaware and only intends to register for business in the State of Florida. I am requesting to dissolve PayByPhone US Inc. as a Florida Domestic company and register for business in the State of Florida only. I would like to ensure that the Division of Corporations is promptly informed to update all applicable records accordingly.

As part of this release, I kindly request the Division of Corporations update its records to reflect the change in status of the company name "PayByPhone US Inc." to a corporation registered for business in the State of Florida.

I appreciate your assistance in this matter. If there are any additional steps or procedures that need to be followed, please provide guidance and the PayByPhone team will ensure compliance.

Please do not hesitate to contact us at legal@paybyphone.com and ssamra@paybyphone.com or at +1 604-642-4286.

Thank you for your cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read 'JS' or similar, followed by a horizontal line.

Satyajit "Sonny" Samra
President
PayByPhone US Inc.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 6, 2023

OLGA BOCHKARYOVA
600-1290 HOMER STREET
VANCOUVER, BC V6B 2Y5, CA

SUBJECT: PAYBYPHONE US INC.
Ref. Number: W23000151151

We have received your document for PAYBYPHONE US INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A penalty fee of \$150.00 is owed for the transaction of business -prior to registration. Please dissolve your Florida/Domestic company with the same name and produce a name release letter to the registrations team to proceed with the filing of this submission.,

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.

Corey Pettway
Regulatory Specialist II

Letter Number: 323A00025798

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PayByPhone US Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Olga Bochkaryova

Name of Person

PayByPhone US Inc.

Firm/Company

600-1290 Homer Street

Address

Vancouver, BC V6B 2Y5, Canada

City/State and Zip code

legal@paybyphone.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Olga Bochkaryova

at (+1)

604.642.4286

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 OF STATE**

☐ \$70.00 Filing Fee

☒ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$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.*

1. PayByPhone US Inc.
(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 87-3652865
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. January 30, 2019 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. October 31, 2022
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 600-1290 Homer Street, Vancouver, BC V6B 2Y5, Canada
(Principal office street address)
- _____
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

2024 FEB 15 AM 11:29

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.

 **Christine Kelm**
Assistant Secretary
(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: Satyajit Samra
☐ Vice Chairman Address: 600-1290 Homer Street
☒ Director Vancouver, BC, V6B 2Y5
☒ President Canada
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Olga Bochkaryova
☐ Vice Chairman Address: 600-1290 Homer Street
☐ Director Vancouver, BC, V6B 2Y5
☐ President Canada
☐ Vice President _____
☒ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Nick Hamill
☐ Vice Chairman Address: 600-1290 Homer Street
☐ Director Vancouver, BC, V6B 2Y5
☐ President Canada
☐ Vice President _____
☐ Secretary _____ ☒ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ 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.

12. Olga Bochkaryova _____
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. Olga Bochkaryova - Secretary _____
(Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PAYBYPHONE US 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 SIXTEENTH DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PAYBYPHONE US INC." WAS INCORPORATED ON THE THIRTIETH DAY OF JANUARY, A.D. 2019.

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



7223668 8300

SR# 20233264522

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203976562

Date: 08-16-23