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(De	equestor's Name)	
(ive	iquestors Name)	
		
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone #)
☐ PICK-UP	MAIT	MAIL
- (Ru	siness Entity Name)	
(50	siness Emily Harrie	•
(Uc	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer	
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COVER LETTER

TO:	Registration Section Division of Corporations				
ou n	TELGEA Inc.				
SUBJ		ame of corporati	on - mus	t include suffix	
Dear S	ir or Madam:				
"Certi	iclosed "Application by Foreign ficate of Existence," or "Certive referenced foreign corporation in the corporation of the corporation in the corporation is the corporation of the corporation is the corporation of the corporation is the corporation in the corporation of the corporation is the corporation of the corporation is the corporation of the corp	ficate of Good S	tanding"	and check are sub	
Please Iris Mo	return all correspondence cor ennens	ncerning this mat	ter to the	e following:	
-		Name	of Persoi	1	
JS1, LI	.C				
	·	Firm/C	ompany		
151 Sc	outhhall Lane, Suite 450				
		Ad	dress		
Maitla	nd, FL 32751	<u>.</u>			
<u> </u>	No. 1	City/State	and Zip	code	
sos@j:	sitel.com	Wress (to be use	ed for fut	ure annual report i	notification)
				are armaar report	iotricutori,
For fu	rther information concerning	this matter, pleas	e call:		
Iris Mennens 321			29	6-5018	
	Name of Person	at (Area C) ode	Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclos	sed is a check for the followin	g amount:			
□ \$7		Filing Fee & cate of Status		.75 Filing Fee & tified Copy	S87.50 Filing Fee. Certificate of Status & Certified Copy

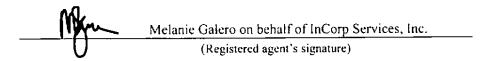
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

	orporation; must include "INCORPORATED," "Corp." "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
(If name unavaila	ble in Florida, enter alternate corporate name ado	pted for the purpose of transacting busing	ness in Florida)
Delaware	3		
04/01/2024		(FEI number, if applicabl	
(Date Not Applicable	of incorporation) 5	(Date of duration, if other than po	erpetual)
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502, e, 29th Floor, New York, New York 10022	orida, if prior to registration) F.S., to determine penalty liability)	
	(Principal o	office address)	25
		5 ₹	
	(Current mailing a	ddress, if different)	次 1 の
Name and stree	t address of Florida registered agent: (P.O. E	Box NOT acceptable)	A
Name:	InCorp Services, Inc.	_	6. 1.5
ffice Address:	3458 Lakeshore Drive	_	Ŋ
	Tallahassee	, Florida	
	(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.



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. Names and business addresses of officers and/or directors:

A. DIRE	
Chairman:	Andreas Franke
	370 Jay Street, 7th Floor, Brooklyn, NY 11201
	Theis Jensen
Vice Chairi	man:
Address: _	
	Andreas Franke
Director: _	370 Jay Street, 7th Floor, Brooklyn, NY 11201
Address: _	
Director:	Theis Jensen
3	370 Jay Street, 7th Floor, Brooklyn, NY 11201
Address: _	
B. OFFIC	CERS
	Andreas Franke
President:	370 Jay Street, 7th Floor, Brooklyn, NY 11201
Address: _	
-	Theis Jensen
1	lent:
Address: _	
-	
Address: _	
Address: _	
NOTE: 1	f necessary, you may attach an addendum to the application listing additional officers and/or directors.
12	Signature of Director or Officer
The office are true an	Signature of Director or Officer or officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein ad that he or she is aware that false information submitted in a document to the Department of State constitutes gree felony as provided for in s.817.155, F.S.
13. Andre	as Franke, Chief Executive Officer

Page 1



I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE

OF DELAWARE, DO HEREBY CERTIFY "TELGEA 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 TWENTY-SEVENTH DAY OF MARCH, A.D. 2025.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TELGEA INC." WAS INCORPORATED ON THE FIRST DAY OF APRIL, A.D. 2024.

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

Charuni Patibanda-Sanchez, Secretary of State

C. G. Sanchez

Authentication: 203284309

Date: 03-27-25