Division of Corporations

Florida Department of State Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H140001412803)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845)425-0077

Fax Number : (845)818-3588

**Enter the email address for this business entity to be used for future 🖸

annual report mailings. Enter only one email address please. Email Address:

Foreign Limited Liability Company VOICE PARTNERS LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$125.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

5 Sweet #1 18 27 2019

H14000141280 3

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902. FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A

| FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BY | | DA: | MENA |
|---|---|----------------------|------------|
| 1. Voice Partners LLC (Name of Foreign Limited Liability Company, must include | "Limited Liability Company," "L.L.C.," or | r "LLC.") | _ |
| (If name unavailable, enter alternate name adopted for the purpose of tran Liability Company,""L L.C," or "LLC.") | sacting business in Florida. The alternate na | ame must include "Li | mited |
| _{2.} Delaware | 20-8934867 | | |
| (Jurisdiction under the law of which foreign limited liability company is organized) | (FEI number, if applied | able) | _ |
| _{4.} May 1, 2014 | · | FET T | |
| (Date first transacted business in Flo (See sections 605.0904 & 605.0905, F. | orida, if prior to registration.) S. to determine penalty liability) | 7 | -, |
| _{5.} 55 Bryanston Street, Marble Arch | Tower, 16th Floor | 128 28 | . 3° . 145 |
| London, W1H 7AA | | | |
| (Street Address of | Principal Office) | | |
| _{6.} <u>5401 S. Kirkman Road, Suite 223</u> | | | |
| Orlando, Florida 32819 | | > | |
| (Mailing A | Address) | | |
| 7. The name, title or capacity and address of the person Kerry Robinson, Director, 55 Bryanston St., Marble Maria Stricker, Director, 5401 S. Kirkman Ro | Arch Tower, 16th Floor, Lon | don, W1H 7AA | _ |
| 8.Attached is an original certificate of existence, no mo having custody of records in the jurisdiction under the la acceptable. If the certificate is in a foreign language, a trimust be submitted) | aw of which it is organized. (A pranslation of the certificate under | hotocopy is not | |
| went a | | | |
| Signature of an a In accordance with section 605.0203, F.S., the execution of this document constituent may false information submitted in a document to the Department of S | | | |
| Maria Stricker | | | |
| T | C-: | - | |

Typed or printed name of signee

H14000141280 3

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA

| STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE |
|---|
| FOLLOWINGSTATEMENTTODESIGNATEAREGISTEREDOFFICEANDREGISTERED |
| AGENTIN THE STATE OF FLORIDA. |
| |

| | f the Limited Li artners LL | ability Company is: | | | _ |
|--|--------------------------------|-------------------------------------|----------------------------|--|----------------|
| If unavailable, | the alternate to | be used in the state of Florida is: | | <u></u> | |
| 2. The name and the Florida street address of the registered agent and office are: | | AHASS | JU!) 26 | To consider the constant of th | |
| | Vcorp S | ervices, LLC | | P | 1 1 |
| | | (Name) | - 1037 - 1037 - 1037 | | 1 - 1 1 - 1 |
| | 5011 Sc | outh State Rd. 7, Suite 106 | ŷ. | 5.1.1 | Mary P |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | | | - | | |
| | Davie | FL 33314 | - - | | |
| | | City/State/Zip | | | |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

Vcorp Services, LLC

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

30.00 Certified Copy (optional) \$

5.00 Certificate of Status (optional) H14000141280 3



PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "VOICE PARTNERS LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING

AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE THIRTEENTH DAY OF JUNE, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VOICE

PARTNERS LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF APRIL, A.D.

2007.

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

14 JUN 26 PH LALS

4338511 8300

140834665

AUTHENTY CATION: 1450841

DATE: 06-13-14

ou may verify this certificate online

H14000141280 3