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(((H24000207655 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.★★

Email Address: EFILE1234@INCFILE.COM

FOREIGN PROFIT/NONPROFIT CORPORATION VOXITYAI CORP

Certificate of Status	1
Certified Copy	0
Page Count	05
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Help

origin

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COVER LETTER

		*	
TO: Registration Section Division of Corpor			
SUBJECT:	VOXITY.	AI CORP	
		on - must include suffix	
Dear Sir or Madam:			
The enclosed "Application "Certificate of Existence." above referenced foreign co	or "Certificate of Good Sta	inding" and check are subri	t Business in Florida," nitted to register the
Please return all correspond	lence concerning this matte	er to the following:	
LOVETTE DOB	SON		
	Name o	f Person	
	Firm/Co	mpany	
17350 STATE H	IWY 249 STE 22	0	
	Addi	ress	
HOUSTON, TX	77064		
	City/State	and Zip code	,
EFILE1234@IN	CFILE.COM		
<u> </u>	E-mail address: (to be used	for future annual report no	otification)
For further information con	cerning this matter, please	call:	
LOVETTE DOBS	SON at (, 888-462-345	i3
Name of Person	Area Coo	de Daytime Telepho	one Number
STREET/COURING Registration Section Division of Corpora The Centre of Talla 2415 N. Monroe St. Tallahassee, FL 32	n ntions hassee reet. Suite 810	MAILING AE Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
Enclosed is a check for the Please make check payable to: ☐ \$70.00 Filing Fee	FLORIDA DEPARTMENT	T OF STATE ☐ \$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 (((H24000207655 3)))

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.

Enter name of c	ALCORP orporation; must include "INCORPORATED, orp." "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	
· · · · · · · ·			
(If name unavail:	able in Florida, enter alternate corporate name	adopted for the purpose of transacting but	siness in Florida)
Delaware	3		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applica	bie)
11/06/202		_	
(Date	of incorporation)	(Date of duration, if other than	perpetual)
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1)	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
_1150 Nw	72nd Ave Tower 1 Ste 455	5 #16645 Miami, FL 331	26
	(Principal offi	ice <u>street</u> address)	
	(Current mailin	ng address, if different)	
			2029 JUH 17
Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)			
Name:	Name: REPUBLIC REGISTERED AGENT LLC		
ffice Address:	1150 Nw 72nd Ave Towe	er 1 Ste 455	
mee Address.			PH
	Miami	, Florida <u>33126</u> (Zip code)	 လ်
	(City)	(Zip code)	56
Registered age	nt's acceptance:		
laving been nam	ed as registered agent and to accept servi	ce of process for the above stated corp	poration at the pi
esignatea in mis irther agree to co	application, I hereby accept the appointnounly with the provisions of all statutes re	vent as registered agent and agree to elative to the proper and complete per	act in this capaci cformance of my
nd I am familiar	with and accept the obligations of my pos	sition as registered agent.	janaanee ay my
:	/ // -	/	
	Lovette Do		
	(Registered agent's si	gnature)	

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.

24 08:43:01 CDT, A. DIRECTORS			(((H24000207655 3))) P
□Chairman	Name: Saray Guerra	□Chairman	Name: Reinier Guerra
□Vice Chairman	Address: 422 Turrin Dr	□Vice Chairman	Address: 422 Turrin Dr
⊠ Director	Pleasant Hill, CA 94523	ØDirector	Pleasant Hill, CA 9452
□President		☑President	
∏Vice President		□Vice President	
☑ Secretary	⊘ Treasurer	□Secretary	□ Treasurer
⊡Other	Other	□Other	Other
∐Chairman →	_{Name:} Tahimi Leon	□ Chairman	Name: Jose Torres
□Vice Chairman	Address: 422 Turrin Dr	□ Vice Chairman	Address: 422 Turrin Dr
☑Director	Pleasant Hill, CA 94523	Director	Pleasant Hill, CA 9452
□President		□President	
□Vice President		□ Vice President	
☐ Secretary	☐ Treasurer	□ Secretary	∐Treasurer
ClOther	□Other	ŪOther	Other
•			
□Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	☐ Vice Chairman	Address:
□Director		□Director	
□President		⊡President	
□ Vice President		□ Vice President	
□ Secretary .	□Treasurer	□ Secretary	□Treasurer
☐Other	Other	□Other	Other

The officer or director signing this document (and who is fisted in number 41 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.

Dainias Cuassa Dunaidas

12.

Delaware (((H24000207655 3)))

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VOXITYAI CORP" 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 THIRTEENTH DAY OF JUNE, A.D. 2024.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VOXITYAL CORP" WAS INCORPORATED ON THE SIXTH DAY OF NOVEMBER, A.D. 2023.

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

Authentication: 203704043

Date: 06-13-24

SR# 20242867379

2592166 8300

You may verify this certificate online at corp.delaware.gov/authver.shtml (((H24000207655 3)))