F25000001059

(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:
Special instructions to rining Officer.
W2500000 5903

Office Use Only



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COVER LETTER

TO: Registration S Division of C					
	alk.io, Inc.				
SUBJECT:	Name of corpora	ntion mus	t include suffix		
	Name of corpora	ition - mus	t include surfix		
Dear Sir or Madam:					
"Certificate of Exister	ation by Foreign Corporation nee," or "Certificate of Good ign corporation to transact but	Standing"	and check are sub	ct Business in Florida," omitted to register the	
Please return all corre tris Mennens	spondence concerning this m	atter to the	e following:		
· · · · · · · · · · · · · · · · · · ·	Nam	e of Persor	1		
Inteserra, Inc.					
	Firm/	Company			
151 Southhall Lane, Sui	te 450				
	A	Address		<u> </u>	
Maitland, FL 32751					
	City/St	ate and Zip	code		
tomas.gliviak@cloudtal	k.io				
	E-mail address: (to be u	sed for fut	ure annual report	notification)	
For further information	on concerning this matter, ple	ase call:			
Iris Mennens	321		296-5018		
Name of Per	son Area	Code	Daytime Telephone 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		
Enclosed is a check for	or the following amount:				
☐ \$70.00 Filing Fcc	■ \$78.75 Filing Fee & Certificate 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," " orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATIO	,,,,vo		
					
D. L.	able in Florida, enter alternate corporate name add				
(State or country		(FEI number, if applicable)			
4. 9/4/2019	of incorporation) 5.				
(Date	of incorporation)	(Date of duration, if oth	(Date of duration, if other than perpetual)		
6					
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		oility)		
_{7.} 1	201 N. Orange Street, Suite 7160, W	/ilmington, DE 19801			
··		office address)			
1201 N. Orange S	Street, Suite 7160, Wilmington, DE 19801				
-	(Current mailing	address, if different)			
e Nome and at the	et address of Florida registered agent: (P.O.	Day NOT pagantakla)			
	InCorp Services, Inc.	Box NOT acceptable)			
Name:	· · · · · · · · · · · · · · · · · · ·		202 SC		
Office Address:	3458 Lakeshore Drive				
	Tallahassee	32312 , Florida	EB 19		
	(City)	(Zip code)	CO™ Pres		
9. Registered age	ent's acceptance:		PH IO		
Having been nam	ed as registered agent and to accept service				
	application, I hereby accept the appointme omply with the provisions of all statutes rel				
	omply with the provisions of all statutes rel amiliar with and accept the obligations of t				

Heather Glenn on behalf of InCorp Services, Inc.
(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. Names and business addresses of officers and/or directors: A. DIRECTORS Martin Malych 1201 N. Orange Street, Suite 7160 Address: Wilmington, DE 19801 Vice Chairman: Address: ___ Martin Malych Director: 1201 N. Orange Street, Suite 7160 Address: Wilmington, DE 19801 Director: __ Address: **B. OFFICERS** Martin Malych President: 1201 N. Orange Street, Suite 7160 Address: Wilmington, DE 19801 Vice President: Address: ___ Secretary: ___ Address: ___ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 12. ____ 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.

Martin Malych, President

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CLOUDTALK.IO, 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-SECOND DAY OF NOVEMBER, 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 "CLOUDTALK.IO,

INC." WAS INCORPORATED ON THE FOURTH DAY OF SEPTEMBER, A.D. 2019.

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

Authentication: 204952292

Date: 11-22-24



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 14, 2025

IRIS MENNENS 151 SOUTHALL LANE, STE 450 MAITLAND, FL 32751 US

SUBJECT: CLOUDTALK.IO, INC. Ref. Number: W25000005903

We have received your document for CLOUDTALK.IO, 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):

The document must contain both the street address of the principal office and the mailing address of the entity.

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

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Letter Number: 525A00000912

FEB 1 9 2025