F04000001368

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(0.0,0000000000000000000000000000000000
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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MJH

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TRANSMITTAL LETTER

Division of Corpo			=	
SUBJECT: Zoom-i-Ne	t Communicatio	ns, Inc.		
			on - must include suffix)	
Dear Sir or Madam:			:_ - -ib-	
The enclosed "Application "Certificate of Existence", transact business in Florida	and check are subm			
Please return all correspon	dence concerning th	iis matte	r to the following:	
Jane M. Scott			=	
		(Name o	f Person)	
InfoCorp., Inc.			1	
		(Firm/Co	ompany)	
135 Copper Mill Drive			<u>-</u> -	
		(Add	ress)	
Warrenton, Virginia 20	0186	`	= 1	
warrencon, virginia 20		tv/State	and Zip code)	
	(0.	·		
For further information cor	ncerning this matter	nlease i	eall.	
	iooning into marror	, preuse (
Jane Scott	at (540	1_428-1086	
(Name of Person)			Code & Daytime Telepho	one Number)
			••	
STREET ADDRESS:			MAILING ADDRESS	S:
Registration Section			Registration Section	
Division of Corporations 409 E. Gaines St.			Division of Corporatio	ns
Tallahassee, FL 32399			P.O. Box 6327 Tallahassee, FL 32314	1
			*	•
Enclosed is a check for the	following amount:			
Z \$70.00 Filing Fee	3 \$78.75 Filing Fee Certificate of Sta		J \$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.

Zoom-i-Net Communications, Inc.

(Enter name of corporation; must include "INCORPORATE "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"		
	•		
ZinTel	<u>:</u>		
(If name unavailable in Florida, enter alternate corporate na	me adopted for the purpose of transacting business in	Florida)	
Nevada	3. 🕰-2167191		
(State or country under the law of which it is incorporated)	(FEI number, if applicable)		
	5. Perpetual		
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")		
Upon Qualification	·		
(Date first transacted business in Florida. If corporation has (SEE SECTIONS 607.15	not transacted business in Florida, insert "upon qualif 501, 607.1502 and 817.155, F.S.)	ication.")	
198 North Ridge Drive, Central Square, NY 13			
(Principal office a	(ddress)		
Same As Above	<u> </u>		
(Current mailing a	iddress)		
Telecommunications Services	-		
(Purpose(s) of corporation authorized in home state or	r country to be carried out in state of Florida)	-1 -	
•			
. Name and street address of Florida registered agen	i: (F.O. Box of Mail Drop Box NOT acceptable)	/	
Name: NRAI Services, Inc.		1	
office Address: 526 E. Park Avenue	_ .		
onice Address: 320 E. Fair Avenue		· · · =	
Tallahassee	, Florida 32301		
(City)	(Zip code)		
Degistand agent's accentance			
 Registered agent's acceptance: aving been named as registered agent and to accept se 	rvice of process for the above stated corporation	at the plac	
esignated in this application, I hereby accept the appoin			
irther agree to comply with the provisions of all statute			
nd I am familiar with and accept the obligations of my		• •	
$\overline{}$	<u>=</u>		
	÷		
	7_ \$		
(Registered agent's signatu	re)		

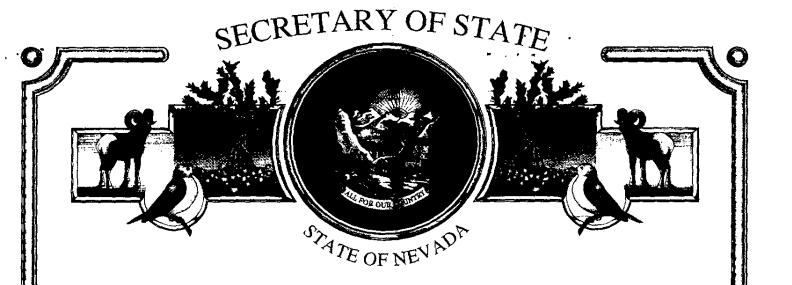
Jackie Sorman, Assistant Secretary

11. 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

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

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: C.K. Carney
Address: 198 N. Ridge Drive
Central Square, NY 13036
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President: C.K. Carney
Address: 198 N. Ridge Drive
Central Square, NY 13036
Vice President: Luis Cipriani
Address: 198 N. Ridge Dr.
Central Square, NY 13036
Secretary: C.K. Carney
Address:198 North Ridge Drive, Central Square, NY _13036
Treasurer: Luis Cipriani
Address: 198 North Ridge Drive, Central Square, NY 13036
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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
.
14. C.K. Carney - President (Typed or printed name and capacity of person signing application)
(x 35-cc or by meet name and cabacity or berson signing abbuighou)



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ZOOM-I-NET COMMUNICATIONS**, **INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 22, 1999, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on December 17, 2003.

DEAN HELLER Secretary of State

Pan Hellen

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Certification Clerk