

F 1100000 2297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

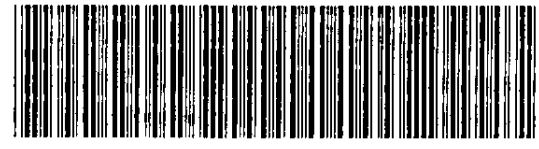
(Document Number)

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637-  
W11000026718



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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2011 JUN -1 PM 12:19

J 6/2/11

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** SIX DEGREES NETWORK CORPORATION

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

SHARON J. HAWKINS

Name of Person

SIX DEGRESS NETWORK CORPORATION

Firm/Company

11829 SHOEMAKER CT

Address

CHARLOTTE, NC 28270

City/State and Zip code

sharon.hawkins@sixdnet.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHARON J. HAWKINS

Name of Person

at ( 786 ) 376.9913

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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Enclosed is a check for the following amount:

\$70.00 Filing Fee

\$78.75 Filing Fee &  
Certificate of Status

\$78.75 Filing Fee &  
Certified Copy

\$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
11 JUN -1 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

May 13, 2011

SHARON J. HAWKINS  
11829 SHOEMAKER CT  
CHARLOTTE, NC 28270

SUBJECT: SIX DEGREES NETWORK CORPORATION  
Ref. Number: W11000026718

We have received your document for SIX DEGREES NETWORK CORPORATION 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 entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please return the corrected original and one copy of 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) 245-6973.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 011A00011958

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DIVISION OF CORPORATIONS  
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**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.*

**1. SIX DEGRESS NETWORK CORPORATION**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK 3. 27-3263748  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/13/2010 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. n/a  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1200 Brickell Ave., Suite 1950 Miami, Florida 33131  
(Principal office address)

11829 Shoemaker Ct. Charlotte, NC 28270  
(Current mailing address)

**8. TO BE ABLE TO DO BUSINESS IN THE STATE OF FLORIDA**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: SHARON JANE HAWKINS

Office Address: 1200 Brickell Ave., Suite 1950

Miami, Florida 33131  
(City) (Zip code)

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**10. 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.*



(Registered agent's signature)

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 under the law of which it is incorporated.

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**B. OFFICERS**

President: JOSE LUIS ZUMAETA

Address: 11829 SHOEMAKER CT. CHARLOTTE, NC 28270

\_\_\_\_\_

Vice President: GASTON LIZANA

Address: 11829 SHOEMAKER CT. CHARLOTTE, NC 28270

\_\_\_\_\_

Secretary: PAULO MUNOZ

Address: 11829 SHOEMAKER CT. CHARLOTTE, NC 28270

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. JOSE LUIS ZUMAETA PRESIDENT

(Typed or printed name and capacity of person signing application)

State of New York } ss:  
Department of State

I hereby certify, that the Certificate of Incorporation of SIX DEGREES NETWORK, CORPORATION was filed on 08/13/2010, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



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WITNESS my hand and the official seal of the Department of State at the City of Albany, this 05th day of April two thousand and eleven.

A handwritten signature in black ink, appearing to read "Neil A. ...", is written over a faint circular stamp.

First Deputy Secretary of State