

F05000009842

2005 MAY -6 P 12:59

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TRANSMITTAL LETTER

2605 MAY -6 P 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Network Service Billing, Inc.
(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", 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:

Angela Janssen

(Name of Person)

Lance J.M. Steinhart, P.C.

(Firm/Company)

1720 Windward Concourse

Ste. 250

(Address)

Alpharetta

GA

30005

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Angela Janssen

(Name of Person)

at (770)

232-9200

(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS -6 P 12:59
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:

Network Service Billing, Inc.

1. _____
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. **Nevada** _____ 3. **26-0106354** _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. **February 1, 2005** _____ 5. **Perpetual** _____
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. **upon qualification** _____
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. **7251 W. Lake Mead Blvd., Ste. 300, Las Vegas, NV 89128** _____

(Current mailing address)

8. **Provide Telecommunication Services** _____
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: **TCS Corporate Services, Inc.** _____

Office Address: **103 N. Meridian St.** _____

Tallahassee _____, Florida, **32301** _____
(Zip Code)

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.

Lonnie J. M. Stenhoef, President

(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.

12. Names and addresses of officers and/or directors: (Street address **ONLY**- P. O. Box **NOT** acceptable)

A. DIRECTORS (Street address only- P. O. Box **NOT** acceptable)

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Chairman: See Attached

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box **NOT** acceptable)

President: See Attached

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. **X**

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. **Boyan Josic**

President

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

LIST OF OFFICERS & DIRECTORS OF
Network Service Billing, Inc.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Officers

Boyan Josic

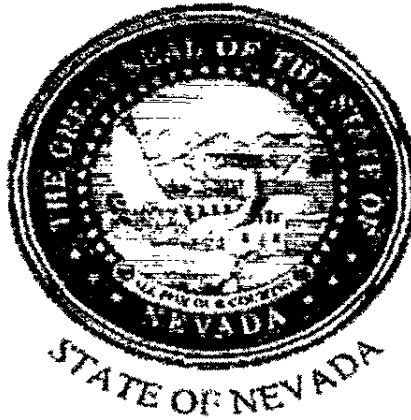
President, Secretary and Treasurer

Directors

Boyan Josic

**All the above referenced Officers & Directors can be reached at:
7251 W. Lake Mead Blvd., Ste. 300, Las Vegas, Nevada 89128**

SECRETARY OF STATE

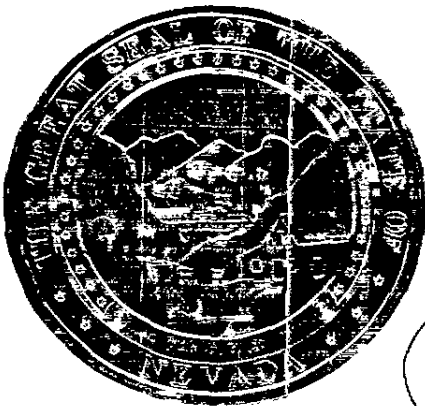


CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

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, non-profit corporations, corporation soles, 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, **NETWORK SERVICE BILLING, 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 February 1, 2005, 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 on May 3, 2005.



Dean Heller

DEAN HELLER
Secretary of State

By

acqueline urrie
Certification Clerk