FROM ...RUTLEDGE JAN 00 Ø8 ECENIA E ID: 5046816516 736 TRANSMITTAL LETTER Qualification/Tax Lien Section To: Division of Corporations SERVICES , INC. JOHN (AULFIELD FIBER OPTIC SUBJECT: (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: MILCHAEL KONNOW (Name of Person) FIRER OPTIC SORVILOS, INC. F[& 2.D (Firm/Company) Rouze 303 (Address) 500003128 -02/07/00--01117--004 1NU 10913 URT.T *****87.50 *****87.50 (City/State/Zip) 11-3744 Should you need to call someone concerning this matter, please call: at (914) 727-5015 Konvon MICHABZ (Area Code & Daytime Telephone Number) (Name of Person) 00 MAILING ADDRESS: STREET ADDRESS: EB J Qualification/Tax Lien Section Qualification/Tax Lien Section 22 Division of Corporations Division of Corporations P.O. Box 6327 Π 409 E. Gaines St. Tallahassee, FL 32314 2 Tallahassee, FL 32399 œ Enclosed is a check for the following amount: \sim 걸 □ \$87.50 Filing Fee. 🗆 \$78.75 Filing Pee & 🗂 \$78.75 Filing Fee & 🗇 \$70.00 Filing Fee Certificate of Status & Certified Copy Certificate of Status Certified Copy



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 11, 2000

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MICHAEL KENNEDY JOHN CAUFIELD FIBER OPTIC SERVICES 634 ROUTE 303 BLAUVELT, NY 10913

SUBJECT: JOHN CAULFIELD FIBER OPTIC SERVICES, INC. Ref. Number: W0000003744

We have received your document for JOHN CAULFIELD FIBER OPTIC SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1502 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Elorida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this confice.)

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The document must have original signatures.

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) 487-6097.

Michael Mays Document Specialist

Letter Number: 600A00007222

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.

3.	JOHN (AULF 1620 FIBOD OPTIL SEAVILOS, IN	\underline{C}		•
	(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATED"	end of a		
	(Name of corporation, must include its word) a total a single as will clearly indicate that it is a corporation inst words or abbreviations of like import in language as will clearly indicate that it is a corporation inst natural person or partnership if not so contained in the name at present.)			
	naniral person or partnersmp it not so contained in the name of protons,			
2.	2. <u>NV</u> (State or country under the law of which it is incorporated) 3. <u>13-3737138</u> (FEI number, if app	licable		•
	(State or country under the law of which it is incorporated) [PEI number, II app	(nodote)		
	Inital S PERPETUAL			-
4.	4. <u>1/21/94</u> 5. <u>PERPETUAL</u> (Date of incorporation) (Duration: Year corp. will cease to exis	tor "perpetual")		
б.	6. UPON QUALIFICATION	2 6 5 1		-
	6. UPON WUHLIPH (FINAL) (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 317.15	J, 2. (2.)		
-	1. 634 ROUTE 303		_	
7.				
	BLAUVERT 114 (Current mailing address)		,, a	-
	(Current mailing address)			
	· · ·	NT S	8	
~-Q	8. FIBER OFTIC CABLE INSTALLATION			-
Q.	 FIBBLE Office Comparison authorized in home state or country to be carried out in state of F 	lorida) $\geq \overline{\mathbb{N}}_1$	E0	П
9	9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box N		N	[
	Name: HAROND F.X. PURNEAL	<u> </u>	M	<u> </u>
		L'S		~
	Office Address: 215 SOUTH MOURDE ST. SUITE 420)RII	çç	
Ę			21	
	ALLAHASSEE , 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.

sition as registered agont.	PN
(Register	ed 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)

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airman: <u>John (AUCFIERA</u> Idress: <u>23 TERRACE ORIVE</u> <u>NYACK, NY 10960</u>						
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ddress:					-	
irector:			-		e. Ver h	7
dáress:					-	
			<u></u>			·
Director:				<u> </u>	-	
Address:						
3. OFFICERS (Street address only - P.O. Box NOT acceptable)					—	-
President: <u>JOHN CAULFIOZO</u>						
		TAL	8		·	
Address: DD TORRACE DRIVE		UNET LAH	<u> </u>		-	
NYACE INY 10960		AUV	3 22		II	. –
Vice President:		10 10 10	W			
Address:			çç		_	
			10			
Secretary: <u>MILMAEC FORMODY</u>					_	
Address: RIDGE STREET	`		-			
Poppe River ; Ny 10465						
Treasurer: <u>MILCNA62 Howwood</u>			-			-
Address: RIDGE STREET						
PETRI RIVER, NY 10965			-	·		
NOTE: If necessary, you may attach an addendum to the application listing additional	officers and/or d	rectors.				
13 (Signature of Chairman, Vice Chairman, or any officer listed in number						

State of New York Department of State

I hereby certify, that the certificate of incorporation of JOHN CAULFIELD FIBER OPTIC SERVICES INC. was filed on 01/21/1994, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in 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 a subsisting corporation.

*** Witness my hand and the official seal of the Department of State at the City NE of Albany, this 20th day of January o thousand. . د ر. موجعه ا 00 FE8 22 500 Г П Deputy Secretary of State çọ \sim

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