

FOOOOOOOO 1447

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: EDGE CONNECTIONS, 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:

CHRIS BEAVERS
(Name of Person)
EDGE CONNECTIONS, INC.
(Firm/Company)
1200 ABERNATHY ROAD, SUITE 1700
(Address)
ATLANTA, GEORGIA 30328
(City/State/Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 MAR 15 PM 9:47

FILED

mt
3/17

400003171214--0
-03/15/00--01077--001
*****87.50 *****87.50

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

CHRIS BEAVERS at (770) 551-8260
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
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

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

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

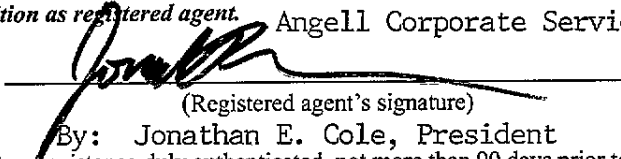
*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. EDGE CONNECTIONS, INC.
(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. DELAWARE 3. 58-2504614
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/19/99 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. NO BUSINESS TRANSACTED TO DATE.
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 1200 ABERNATHY ROAD, SUITE 1700
ATLANTA, GEORGIA
(Current mailing address)
8. PROVIDE INTERNET/TELECOM SERVICES
(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 or Mail Drop Box **NOT** acceptable)
Name: ANGELL CORPORATE SERVICES, INC.
Office Address: 250 ROYAL PALM WAY, Suite 300
PALM BEACH, Florida, 33480
(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.

Angell Corporate Services, Inc.


(Registered agent's signature)

By: Jonathan E. Cole, President

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)

Chairman: JOHN G. HAYES

Address: ONE LIBERTY SQUARE
BOSTON, MA 02109

Vice Chairman: _____

Address: _____

Director: JAMES F. MCKENNA

Address: 1200 ABERNATHY ROAD, SUITE 1700
ATLANTA, GA 30328

Director: MARK E. EVANS

Address: ONE LIBERTY SQUARE
BOSTON, MA 02109

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

President: JAMES F. MCKENNA

Address: SAME AS ABOVE

Vice President: _____

Address: _____

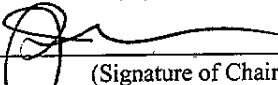
Secretary: MARK E. EVANS

Address: SAME AS ABOVE

Treasurer: JAMES F. MCKENNA

Address: SAME AS ABOVE

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. JAMES F. MCKENNA, PRESIDENT
(Typed or printed name and capacity of person signing application)

FILED
00 MAR 15 PM 5:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

State of Delaware

PAGE 1

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EDGE CONNECTIONS, 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 NINTH DAY OF MARCH, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

FILED
00 MAR 15 PM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA




Edward J. Freel, Secretary of State

3128839 8300

AUTHENTICATION: 0304812

001119643

DATE: 03-09-00