

CORP
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

F000000003082

CONTACT: CINDY HICKS
DATE: 5.26.00
REF. #: 0276
CORP. NAME: Nomadix, Inc.

8000003271768-0
-05/31/00--01024--027
*****70.00 *****70.00

- | | | |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input checked="" type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |
| <input type="checkbox"/> OTHER: _____ | | |

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY 31 PM 2:48

STATE FEES PREPAID WITH CHECK# 7847 FOR \$ 70.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

7000000050646

COST LIMIT: \$ _____

RECEIVED
00 MAY 31 AM 10:17
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

PLEASE RETURN:

- | | |
|--|---|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING |
| <input type="checkbox"/> CERTIFICATE OF STATUS | |

☒ PLAIN STAMPED COPY (2)

Examiner's Initials

1376
5/31

**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. Nomadix, 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. 222-1059-9
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. August 25, 1998 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. 31355 Agoura Road
Westlake Village, California 91361
(Current mailing address)
8. Sales
(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: NRAI Services, Inc.
- Office Address: 526 E. Park Avenue
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.

NRAI Services, Inc.

By: C. Baclet

(Registered agent's signature)

C. Baclet, Vice 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: See attached officers/directors rider

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: See attached officers/directors rider

Address: _____

Vice President: _____

Address: _____

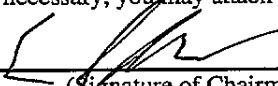
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13.  05-23-00
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Eric Larson, Senior Vice President
(Typed or printed name and capacity of person signing application)

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Officers and Directors of Nomadix, Inc., a Delaware corporation

<u>Name</u>	<u>Address</u>	<u>Title</u>
<u>Directors:</u>		
Dr. Leonard Kleinrock	31355 Agoura Rd., Westlake Village, CA 91361	Chairman
Dr. Joel E. Short	31355 Agoura Rd., Westlake Village, CA 91361	Chief Technology Officer
Daniel C. Toomey	31355 Agoura Rd., Westlake Village, CA 91361	Chief Executive Officer
Stella Kleinrock	31355 Agoura Rd., Westlake Village, CA 91361	Secretary
Richard Earnest	31355 Agoura Rd., Westlake Village, CA 91361	Outside Board Member
<u>Officers:</u>		
Eric Larson	31355 Agoura Rd., Westlake Village, CA 91361	Senior Vice President/ Chief Financial Officer
Greg Hayes	31355 Agoura Rd., Westlake Village, CA 91361	Senior Vice President/ Marketing
Barry Robbins	31355 Agoura Rd., Westlake Village, CA 91361	Senior Vice President/ Wireless Technologies

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State of Delaware
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NOMADIX, 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 THIRD DAY OF MAY, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NOMADIX, INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF AUGUST, A.D. 1998.

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



Edward J. Freel

Edward J. Freel, Secretary of State

2937707 8300

001225890

AUTHENTICATION:

0417187

DATE:

05-03-00

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