MON 2:27 PM BLACKSTONE LEGAL FAX NO. 9545834117

	- JOUGULUIT ? .
	TRANSMITTAL LETTER
	To: Registration Section Division of Corporations
	SUBJECT: WXSL, 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:
	Noe/G. Be reson) 2000032952820
	WSKC, Thc06/19/0001065025 ******78.75 *****78.75
	1250 E. Hallandale Bch. Blud. Suite 902
	/ 250 E. HAMANAPE BEN DIVA. 3417E /02 (Address)
	Ha/kn da/e FL 33009 W-15924 (City/State/Zip)
	(City/State/Zip)
	Should you need to call someone concerning this matter, please call:
	Noe/G. Beres at (954) 454.0/02 = 0
	(Name of Person) (Area Code & Daytime Telephone Number)
	AHASSE D
	STREET ADDRESS: MAILING ADDRESS: □□ ≥ □□
	Registration Section Registration Section Division of Corporations Division of Corporations
	409 E. Gaines St. P.O. Box 6327 Tallahassee, FL 32314
	Enclosed is a check for the following amount:
	\$70.00 Filing Fee S78.75 Filing Fee & S87.50 Filing Fee,
	Certificate of Status Certified Copy Certificate of Status &



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 22, 2000

NOEL G. BERES 1250 E. HALLANDALE BCH BLVD., STE 902 HALLANDALE, FL 33009

SUBJECT: WXSL, INC.

Ref. Number: W00000015924

We have received your document for WXSL, INC. 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.

A brief description of the entity's nature of business must be included in the solution of the entity's nature of business must be included in the solution of the entity's nature of business must be included in the solution of the entity's nature of business must be included in the solution of the entity's nature of business must be included in the solution of the entity's nature of business must be included in the solution of the entity's nature of business must be included in the solution of the entity's nature of business must be included in the solution of the entity's nature of business must be included in the solution of the entity's nature of business must be included in the solution of the entity's nature of business must be included in the solution of the entity in the solution of the entity is nature of business must be included in the solution of the entity in the solution of the entity is not the solution of the entity in the solution of the entity is not the solution of the entity in the solution of the entity is not the solution of the entity in the solution of the entity is not the solution of the entity in the solution of the entity is not the en

The document is illegible and not acceptable for imaging.

A certificate of existence or a certificate of good standing, dated no more than days prior to the delivery of the application to the Department of State, authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

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: 600A00035438

OO AUG IO AH 2: 40 SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

July 3, 2000

NOEL G. BERES 1250 E. HALLANDALE BCH BLVD., STE 902 HALLANDALE, FL 33009

SUBJECT: WXSL, INC.

Ref. Number: W0000015924

We have received your document for WXSL, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please catter (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 200A00037129

TRANSMITTAL LETTER

To:	Registra Division			ons							
SUBJ	ECT:		WSXT.	Inc.		ı_uz			tion	ns	
			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				n - must incl	lude suffix)			
Dear S	Sir or Mad	am:									
"Certi		xistence	and,				Authorizatio egister the al				
Please	return all	corresp	onden	ce concerni	ng this m	atter	to the follow	ving:			
		No	el G	. Beres	:						
	·		-			ne of	Person)				
		WS	XL,	Inc.							
					(Firm	ı/Cor	npany)			 	
		125	0 Ea	<u>st Hall</u>		Be Addr	each Blv	d. Suit	e 9	02_	
SUBJECT Dear Sir The encle "Certific transact It Please re STREET Registrat Division 409 E. G Tallahass Enclosed		Hall	anđa	le		Ŧ	Fla.	33009		TAL TAL	00
	•				(City		te/Zip)			E R	≥ _
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NC		B <u>ere</u> of Perso			·		7 454-0 Code & Day		hone	Number)	- 5
Regist Divisi 409 E. Tallah	tration Secon of Corp. Gaines Stassee, FL	tion poration t. 32399		lowing amo	ount:		MAILING Registration Division of P.O. Box 6 Tallahasses	n Section f Corporation	ons		
	0.00 Filing		57 \$7	78.75 Filing Certificate o	g Fee &	•	\$78.75 Fili Certified C			\$87.50 Fil Certificat Certified	e of Status

RESOLUTION OF BOARD OF DIRECTORS (Please print or type)

I, the undersigned	Noel G. Bere	5	, do her	eby certify	·.
that this Resolution o	(Name) of the Board of Directo	ors of <u>WSXL</u>	, Inc. dba	Taurus	<u> </u>
Mireless Solut	(Corporate N		a Fig.	2 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
a corporation duly or	ganized and existing	under the laws	of the State of	Delewar	<u>e</u> .,
was duly adopted on	May 11			20.00	•
Be it resolved, that _		(Corporate Nar		Adopts the	er oo
organized and existi	ng in the State of De	eleware reless Solu	itions, Two	for use in F	
Dated: 06/26/2	000	, 19		LORIDA	1 2: 46
	Me	019 =			·
	Signature of either Chair	man, Vice Chairm	an or any officer	· · · · · · · · · · · · · · · · · · ·	
	Noel G.	Beres, Pr	esident/CE	O	
	Typ	e or print Name		•	i
		•			•

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. WSXI, Incorporated (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. <u>Deleware</u> 3. <u>65 1006217</u>	
2. <u>Deleware</u> 3. <u>65 1006217</u> (State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. May 11, 2000 5. Perpetual (Date of incorporation) 5. Duration: Year corp. will cease to exist or "perpetual")	
6. Upon Qualification	
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification. (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	")
7. a. 1250 E. Hallandale Bch. Blvd. Suite 902 Hallandale, Fla. 33009	
(Principal office address)	
b. same	
(Current mailing address)	
8. On line provider of wireless trading solutions \geq .	П
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	= T
S. Traine and one of the state	T J
Name: Jason A. Deitch, ESQ.	. =
Office Address: 1250 E. Hallandale Bch. Blvd. Suite 909	=
Hallandale , Florida 33009	
(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 design this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree a comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent.	to

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.

A. DIREC	TORS			
Chairman:				
Address: _		· · · · · · · · · · · · · · · · · · ·		
		<u> </u>		
	nan:			
		···		
Director:		7/ 10		
Address:		· · · · · · · · · · · · · · · · · · ·		
		_		
— Director:				
. OFFIC	ERS			
resident: _	Noel G. Beres	770	:: o	
	1250 F. Hallandale Bch. Blvd. Suite 902	3.27	-	
	Hallandale, Fla. 33009	***	- 65	<u> </u>
	nt: Natan Mirsky			ĪĪ
	1250 E. Hallandale Bch. Blvd. Suite 902	95	<u>₹</u>	
		7	6	· .
	Hallandale, Fla. 33009	·		
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		-		
	cessary, you may attach an addendum to the application listing additional officers ar	nd/or directors.		
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the	 		<u> </u>
	Noel G. Beres, President/CEO	application)		
	(Typed or printed name and capacity of person signing application	ion)		

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 "WSXL 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 SECOND DAY OF AUGUST, A.D. 2000.

OO AUG IO AN 2: 46
SEEPRETARY OF STATE



Edward J. Freel, Secretary of State

AUTHENTICATION: 0595955

DATE: 08-02-00

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