

Document Number 001

F00000006402

CT Corporation System
660 East Jefferson Street
Tallahassee, FL 32301
850-222-1092

DATE: 11/16

Corporation(s) Name

CBMS, Inc. 100003467561--0
-11/16/00--01039--021
*****70.00 *****70.00

☒ Profit
☐ Nonprofit

☐ Amendment

☐ Merger

☒ Foreign
☐ LLC

☐ Dissolution
☐ Withdrawal

☐ Mark

☐ Limited Partnership
☐ Reinstatement
☐ UCC ☐ 1 or ☐ 3

☐ UBR
☐ Fictitious Name

☐ Other
☐ Ch. RA

***Special Instructions**

☐ Certified Copy ☐ Photocopies ☐ CUS
() arts/ameds/mergers () Other-See Above

☒ Walk in

☒ Pick-up

☐ Will Wait

Please Return Filed Stamped
Copies To:

Carol Clark

00 NOV 16 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FL 32301
FILED
Thank You!

**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. CBMS, 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. California 3. 94-3369896
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July 12, 2000 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. 120 Village Square, # 51
Orinda, CA 94563
(Current mailing address)

8. Wireless telecommunication consulting business
(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324
(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.

C T Corporation System

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

Connie Bryan
(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)

Chairman: C. Jay Parkinson

Address: 120 Village Square, # 51

Orinda, CA 94563

Vice Chairman: _____

Address: _____

Director: C. Jay Parkinson

Address: 120 Village Square, # 51

Orinda, CA 94563

Director: Cheryl Parkinson

Address: 120 Village Square, #41

Orinda, CA 94563

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

President: C. Jay Parkinson

Address: 120 Village Square, # 51

Orinda, CA 94563

Vice President: Not Applicable

Address: _____

Secretary: Cheryl Parkinson

Address: 120 Village Square, # 51

Orinda, CA 94563

Treasurer: Cheryl Parkinson

Address: 120 Village Square, # 51

Orinda, CA 94563

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

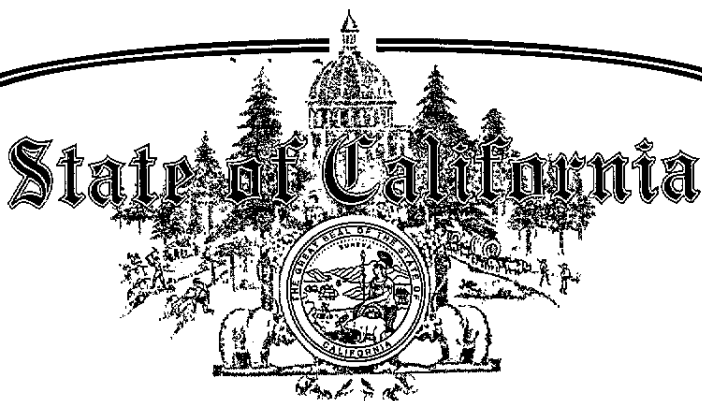
13. _____

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

14. C. Jay Parkinson, President

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

FILED
NOV 16 PM 4:08
TALLAHASSEE, FLORIDA
SECRETARY OF STATE



SECRETARY OF STATE
CERTIFICATE OF STATUS
DOMESTIC CORPORATION

I, BILL JONES, Secretary of State of the State of California, hereby certify

That on the **12th day of July, 2000**, **CBMS, INC.** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office, and

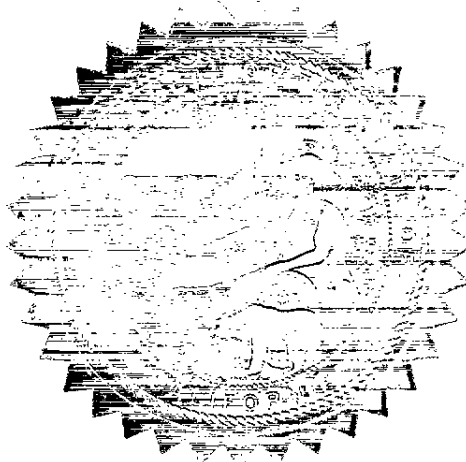
That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 20, 2000.



Bill Jones
BILL JONES
Secretary of State

llb