TRANSMITTAL LETTER	
TO: Registration Section Division of Corporations	
SUBJECT: US Tel 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: Brian Wesolowski	
(Name of Person) -03/16/01-01076-003 *****78.75 ******78.7	C 5
5090 Central Samsota PKWY #312	
Sara Sota, FL 34238 (City/State and Zip code)	
For further information concerning this matter, please call:	
Brian Wesolowski at 941, 929-1932 = 5 T (Name of Person) (Area Code & Daytime Telephone Number)	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee Fl. 22200 P.O. Box 6327	
Enclosed is a check for the following amount:	
Enclosed is a check for the following amount: 3 \$70.00 Filing Fee \$\frac{1}{2}\$\$ \$78.75 Filing Fee & Certificate of Status \$\frac{1}{2}\$\$ Certified Copy Tallahassee, FL 32314 **Total Copy Section	

Mar-07-01 02:37pm From-

T-310 P.003/004 F-872

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. (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. Indiana (State or country under the law of which it is incorporated) 3. 35-2006650 (FEI number, if applicable)
4. 2-11-97 5. Decorption (Duration: Yeal: 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. 5090 C. Sarasota PKwi, #3/2 Sarasota, FL 34238 (Principal office address) 5090 C. Sarasota PKwy #3/2 Sarasota, FL 342. (Current mailing address)
8. Moved to the State of Florida (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: Brian Wesolowski
Office Address: 5090 C. Dara Sota TKWY #312
Sarasofa , Florida 3428 (City) (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.
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(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.

Mar-07-01 02:38pm From-

T-310 P.004/004 F-672

12. Names and business addresses of officers and/or directors:

A. DIRECTORS
Chairman:
Address;
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President: Brian Wesolowski = 2
President: Drian Wesolowski Address: 5090 Central Sarasota Pkwy #312 5 7
Sarasota FLorida 342,38
Vice President: TRacey Wesolowski 33
Address: 5090 - Central Sarasota PKWy # 3/2
Sarasota FLORIJA 34238
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Tracy Wesolowski
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. Racey WESO/OWSK, Vice President (Typed or printed name and capacity of person signing application)

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

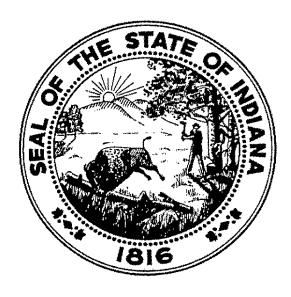
I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

U.S. TEL CORPORATION

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on February 11, 1997, and was in existence or authorized to transact business in the State of Indiana on March 07, 2001.

I further certify this For-Profit Domestic Corporation has not filed its most recent report required by Indiana law with the Secretary of State and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Eighth Day of March, 2001.

Sue ann Gilley

SUE ANNE GILROY, Secretary of State