FOLOGOO 1776

TO: Registration Section Division of Corporations	-	
SUBJECT: U24. Net 7	nc. poration - must include suffix)	
(Name of corp	poration - must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation" (Certificate of Existence", and check are submitted to transact business in Florida.		
Please return all correspondence concerning this		
Ethan Alton	me of Person)	0003830527
(Na	ume of Person)	03/30/0101014- -001 *****87.50 *****87.50
	m/Company)	
	m/Company)	
PO 12215		· · · · · · · · · · · · · · · · · · ·
	(Address)	
Neples, FL 34103 (City/s	State and Zip code)	
(Oldy)	oute una zap code,	
For further information concerning this matter, pl	ease call:	1
Ethen Alfratz at (9) (Name of Person)	99 Y Z63 - 7007 Area Code & Daytime Telephor	ne Number)
(Name of Ferson)	Area Code & Daytime Telephor	ne Numbery 3
STREET ADDRESS: Registration Section	MAILING ADDRESS:	\$A 5
Division of Corporations	Registration Section Division of Corporations	s mt
409 E. Gaines St. Tallahassee, FL 32399	P.O. Box 6327 Tallahassee, FL 32314	mth 4/2
	=_1 ananassec, 1 L 32514	1/2
Enclosed is a check for the following amount:		
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & Certificate of Status		■ \$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. 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.) Octave USA
(State or country under the law of which it is incorporated)

3. 52-2256465
(FEI number, if applicable) 4. Oate of incorporation)

5. Perpetual (Duration: Year corp. will cease to exist or "perpetual") 6.
(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. 20 Co Hone Ave, # Samerville, MA 02144

(Principal office address)

4/1-A Highland Ave. #4/13, Samerville, MA 02/44

(Current mailing address)

8. Sales, natofing, some feelings development

(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) Office Address: 1036 Wiscensia Or.

Naples , Florida \$4103 (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.

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 business addresses of officers and/or directors:

. DIRECTOR		ha.	Altara	12						
ddress:	4/1-A	High	Carl Au	د,	Somerve	ille, M	UA C	52/44		
ce Chairman: _	Abe	Trus	illo	-					· .	
ce Chairman: _	411-A	Highla	nd Av	C. 7 -	Somorus/	le, M	<u>4</u>	12/44		<u></u>
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OFFICERS								三三	01	
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President:								#12 <u>*</u>	11: 59	
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retary:										
surer:										
ress:			-							
TE: If neces	sary, you ma وممسح	ay attach a	n addendum	to the ap	plication lis	sting a đ dit	ional offic	ers and/or di	irectors	•
(Signature of	Chairmar	, Vice Chair	man, or a	any officer l	listed in n	umber 12.0	of the applica	ation)	
	E+1	nan A	ltara tz ed name and	Chai	of person	sioning an				

State of Delaware Office of the Secretary of State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "U24.NET, 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 TWENTY-FIRST DAY OF MARCH, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES

HAVE BEEN PAID TO DATE.

AND I_DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT

BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "U24.NET CO INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF JULY, A.D.

Warriet Smith Windson Harriet Smith Windson, Secretary of State

DATE: 03-21-01

AUTHENTICATION: 1035249