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May 10, 2001

Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 850-487-6051

RE: FLOWARE WIRELESS SYSTEM INC.

Dear Division of Corporations:

Enclosed, please find the Application by Foreign Corporation for Authorization to Transact Business in Florida (in duplicate) and the Transmittal Letter for the above referenced company. Please file this document. Also, enclosed is a Delaware Certificate of Good Standing and a check in the amount of \$70.00 to cover the filing fee. Please return the filed copy to my attention via UPS using the enclosed air bill to:

LEXIS Document Services~CorpAmerica Attn.: Lyn Stiley 30 Old Rudnick Lane, Suite 100 Dover, DE 19901

If there are any problems or if you should have any questions, please feel free to contact me at 1-888-736-4300.

Corporate Specialist

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Enclosures

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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FLOWARE WIRELESS SYSTEM 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:	
Lyn Stiley	
(Name of Person)	
LEXIS Document Services~CorpAmerica	٠.
(Firm/Company)	
30 Old Rudnick Lane, Suite 100	
(Address)	
Dover, DE 19901	
(City/State and Zip code)	
(======================================	e successor
For further information concerning this matter, please call:	
Control of the state of the sta	ا مسده
Lyn Stiley at (302) 736-4300	- • •
(Name of Person) (Area Code & Daytime Telephone Number)	
STREET ADDRESS: MAILING ADDRESS:	. –
Registration Section Registration Section Division of Corporations Division of Corporations	
409 E. Gaines St. P.O. Box 6327	
Tallahassee, FL 32399 Tallahassee, FL 32314	
Enclosed is a check for the following amount:	
\$\forall \\$70.00\ \text{Filing Fee} \\$78.75\ \text{Filing Fee} \& \\$878.75\ \text{Filing Fee} \& \\$878.75\ \text{Filing Fee} \& \\$87.50\ \text{Filing Fee}, \text{Certificate of Status} \text{Certified Copy} \text{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.

	Vireless System Inc.	_ 	± .
words or abbre	oration; must include the word "INCORPORATED eviations of like import in language as will clearly in or partnership if not so contained in the name at pro-	indicate that it is a corporation instead of a	
2. Delaware		applied for	-
(State or coun	try under the law of which it is incorporated)	(FEI number, if applicable)	
4. March 5, 2	0015.	perpetual	_
(Da	ate of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
6. upon quali	fication		
(Date first trans	sacted business in Florida. If corporation has not to (SEE SECTIONS 607.1501,	ransacted business in Florida, insert "upon qualification.") 607.1502 and 817.155, F.S.)	
7. <u>28 Ha</u>	chroshet st', P.O.B 812, Or	Yehuda 60250, Israel	-
	(Principal office addre	ess)	
28 Ha	chroshet st', P.O.B 812, Or		
	(Current mailing addre	ess)	at,
	marketing and customer supp		
(Purpose	e(s) of corporation authorized in home state or cou	ntry to be carried out in state of Florida)	÷
9. Name and st	reet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	•
Name:	CorpAmerica, Inc.		
Office Address:	416 S.E. 15 Street		
	Fort Lauderdale,	, Florida 33316	
	(City)	(Zip code)	
10 Parietared	agent's acceptance:		
Having been na	med as registered agent and to accept servic	e of process for the above stated corporation at the place	
designated in th	is application, I hereby accept the appointm	ent as registered agent and agree to act in this capacity.	ŗ
duties, and I am	comply with the provisions of all statutes re familiar with and accept the obligations of	lative to the proper and complete performance of my 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:

A. DIRE	CTORS
hairman:	
.ddress: _	
_	
ice Chair	rman:
ddress: _	
_	
irector:	Amnon Yacoby
ddress:	28 Hachroshet st', P.O.B 812, Or Yehuda 60250, Israel
_	
irector:	
.ddress: _	
,	
. OFFI	CERS
	Claudio Nijamkin
	28 Hachroshet st', P.O.B 812, Or Yehuda 60250, Israel
darcos	
iaa Dwaai	dent:
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.ddress: _	
OTE: 1	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
3	John Med
J	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
4	(Typed or printed name and capacity of person signing application)
	(Typed or printed name and capacity of person signing application)

State of Delaware Office of the Secretary of State

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FLOWARE WIRELESS SYSTEM 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 TENTH DAY OF MAY, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FLOWARE WIRELESS SYSTEM INC." WAS INCORPORATED ON THE FIFTH DAY OF MARCH, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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Warriet Smith Windson, Secretary of State

AUTHENTICATION: 1127476

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DATE: 05-10-01