FOIOU OC TRANSMITT	0032	00
TO: Registration Section Division of Corporations		THE SECOND SECON
SUBJECT: Mindsurt Netwo (Name of corporat	ion - must include suffix)	P P P
Dear Sir or Madam:		BEE TO
The enclosed "Application by Foreign Corporation fo "Certificate of Existence", and check are submitted to to transact business in Florida. Please return all correspondence concerning this matter Mathew String (Name of Mindsurf Wede (Firm/Co. 8180 Greensbook (Add Malcan, WA) (City/State)	register the above reference er to the following: Ferson) Corles Ompany) Corles Suite	PECEIVED DEPARTMENT OF STATE DIVISION OF CORPORATION OF CORPORATION OF ACKNOWLEDGE SUFFICIENTY OF FILING
For further information concerning this matter, please of		BK %
Matthew Striper at (703) 848 4491	
(Name of Person) at (703)	Code & Daytime Telephone	Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the following amount:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	00044254544 -06/18/0101130009 *****87.50 *****87.50
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDATE TO MANAGE THE STATE OF FLORIDATE THE STATE OF STATE OF FLORIDATE THE STATE OF FLORID	IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
(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.	REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA
4. ID 26/94 (Date of incorporation) 5. Quration: 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. 8/80 Greensborg Dr. Suite 500 Melean, WA 20/02 (Principal office address) 8. To provide a wireless when the following state or country to be carried out in 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: Description Description	1. Mindsurt Networks Inc.
4. ID 26 99 (Date of incorporation) 5. Quration: 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. 8180 Greensbord Dr. Suite 500 Melean, VA 20102 (Principal office address) 8. To provide a wireless handled country to be carried out in 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: Description Descr	(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or
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7. 3180 Greensboro Dr. Suite 500 McLean, WA 22102 (Principal office address) 8. To provide a wireless Mandred computing solution for the K-12 country of the current out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Cerry Milly Office Address: 462 Grave land Hilly Dr. Talla hasse (City) 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	6.
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9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name:	(- maining audicess)
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Name: Serry Miller Office Address: 462 Groveland Hills Dr. Talla Lasse (City), Florida 32311 (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	9. Name and street address of Florida weight
Office Address: 4/2 Grove land Hills Dr. Talla Laste	A registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
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further agree to comply with the provisions of all statutes relative to the service agent and agree to act in this capacity. I	10. Registered agent's acceptance:
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	designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I
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(Registered agent's signature)	(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 business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: _ Address: Director: **B. OFFICERS** Vice President: Address: Treasurer: Address:

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

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

14. BARM C. OFFETT Sear U.P. I CFO

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

Additional Board Members

Ciro Pinto-Coelho Director Aether Systems, Inc. address same as David Oros

Tim Daniels Director Sylvan Ventures, LLC 1001 Fleet Street, 4th Floor Baltimore, MD 21202

Chris Hoehn-Saric Director Sylvan Ventures, LLC address same as Tim Daniels.



State of Delaware

PAGE 1

Office of the Secretary of State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MINDSURF NETWORKS, 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 EIGHTH DAY OF MAY, A.D.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MINDSURF NETWORKS, INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF ...

Warriet Smith Windson Secretary of State

3116457 8300

010221936

AUTHENTICATION: 1121955

DATE: 05-08-01