

CT CORPORATION SYSTEM

F01000003410

CORPORATION(S) NAME

(1) Global Naps Realty, Inc. (2) Global Naps Networks, Inc. (3) Global Naps Florida, Inc.

000004446690--2

06/27/01 01001--006
*****70.00 *****70.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
JUN 26 PM 3:32
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

- | | |
|---|---|
| <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration |
| | <input type="checkbox"/> Fictitious Name |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait |
| <input type="checkbox"/> Mail Out | <input type="checkbox"/> After 4:30 |
| | <input checked="" type="checkbox"/> Pick Up |
| | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> UCC |
| | <input type="checkbox"/> CUS |

Name _____
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Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

6/26/01

Order#: 460730

Ref#: _____

Amount: \$ _____

FILED
01 JUN 26 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

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.

FILED
JUN 28 PM 4:19
CLERK OF STATE
TALLAHASSEE, FLORIDA

1. Global NAPs Florida, 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. Delaware 3. Applied For
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 05/08/2001 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qual.
(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. 10 Merrymount Road, Quincy, MA 02169
(Principal office address)
same
(Current mailing address)
- Telecommunications
8. _____
(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
(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.

By: C T Corporation System KORRI A. BEHLER
Korri A. Behler Special Assistant Secretary
(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

SEE ATTACHMENT

Chairman: SEE ATTACHMENT

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: SEE ATTACHMENT

Address:

Vice President:

Address:

Secretary:


Address:

Treasurer:

Address:

SEE ATTACHMENT

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. William J. Rooney, Jr. - Secretary
(Typed or printed name and capacity of person signing application)

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01 JUN 26 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RIDER ATTACHMENT

OFFICERS:

PRESIDENT – FRANK T. GANGI
TREASURER – RICHARD GANGI
SECRETARY – WILLIAM J. ROONEY, JR.

DIRECTORS:

FRANK T. GANGI
RICHARD GANGI
WILLIAM J. ROONEY, JR.
MICHAEL COUTURE

ALL USE THE FOLLOWING ADDRESS:

10 MERRYMOUNT ROAD
QUINCY, MA 02169

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Delaware
Office of the Secretary of State

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GLOBAL NAPS FLORIDA, 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 JUNE, A.D. 2001.

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

FILED
01 JUN 26 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3389240 8300

AUTHENTICATION: 1204116

010299998

DATE: 06-21-01