## FOI 00000 3609

TO: Registration Section Division of Corporations TRI-COUNTY TELEPHONE 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: (Name of Person) ETHINE INC (Firm/Company) (Address) (City/State and Zip code) For further information concerning this matter, please call: (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: ☐ \$70.00 Filing Fee **5** \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status Certified Copy 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.

4.4

1. TRI	- County	TELF PHONE	<u>ت</u> دم ر				
words or abb	reviations of like imp	te the word "INCORPOR ort in language as will cl t so contained in the nam	early indicate	OMPANY", "CORPORATION" that it is a corporation instead of	or of a		
2. <u>Se</u>	LAWARE		_3	APPLIEN FOR (FEI number, if applica			
							-
4. 33	NE 19' Lool		5	PERPETUAL ion: Year corp. will cease to ex			
(I	Date of incorporation)	<u> </u>	(Durati	ion: Year corp. will cease to ex	ist or "perpetu:	 al")	
				•	<b>FF</b>	_ ,	
(Date first trai	nsacted business in F	orida. If corporation has	not transacte	d business in Florida, insert "up	on qualification	72\	
<u></u>		(SEE SECTIONS 607.1	501, 607.150	22 and 817.155, F.S.)	on quanneauo	ш. )	
7. 2816	6, 19 010	AIE. MARIN	ATTE SI	33063			
		(Principal office	address)			—	
2811	1000 62nd	AVE. MARS	- SI	33063			
		(Current mailing	address)	2 0000	<del> </del>	<del></del>	
					=	0	
8. Publi	C PAY PHOW	E PROVIDER		e carried out in state of Florida)	Æ <b>S</b>		
(Purpos	se(s) of corporation a	uthorized in home state o	r country to b	e carried out in state of Florida			-11
9. Name and s	treet address of F	lorida registered agei	nt: (P.O. Bo	ox or Mail Drop Box <u>NOT</u> ac	cceptable	చ	F
					က်မှာ	P	ED
Name:	DERBIE (	i'TTLE	<del></del>	- :		1 4	_
Office Address	: <u>4816 NW</u>	band AVE.				- ¢	
	-MARGATE	ity)	FI	orida 23062	,		
	(C	ty)	, , , ,	(Zip code)			
Having been no	agent's acceptance	agent and to accept se	ervice of pro	cess for the above stated con	rporation at t	he pla	ıce_
urther agree to	os appacation, 1 nd Comply with the n	revy accept the appoi provisions of all statut	nament as re es relativ <i>e to</i>	egistered agent and agree to the proper and complete po	act in this co	apacit	y. I
luties, and I an	n familiar with and	accept the obligation	s of my posi	ition as registered agent.	njornance o	y my	
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		1					
	2/1/2	aio Litta					
		(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: \_\_ Address: 2816 Du 62nd AVE. XC 33063 Director: Address: \_ **B. OFFICERS** President: DEBBIE LITTLE Address: 28/6 N.W. 62 10 AUE MANGATE, FL 33063 Vice President: Address: \_\_ Secretary: \_\_ Treasurer: 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) DERRIE LITTLE DIRECTOR

(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 "TRI COUNTY TELEPHONE 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-NINTH DAY OF JUNE, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRI COUNTY

TELEPHONE INC." WAS INCORPORATED ON THE NINETEENTH DAY OF JUNE,

A.D. 2001.

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

Warriet Smith Windson Harriet Smith Windson, Secretary of State

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AUTHENTICATION: 1220234

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DATE: 06-29-01