# FAINANNIA

Division of Corporations  SUBJECT: Schoollet Incapared (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:  Alvin Crawford  (Name of Person)  (Name of Person)  (Pirm/Company)  //// Broadway Letter Claw  (Address)  NY NY /OO/B  (City/State and Zip code)  For further information concerning this matter, please call:  Alvin Crawford  (Area 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:  \$\times \$70.00 \text{ Filing Fee}  \text{ \$78.75 \text{ Filing Fee}}  \text{ \$87.50 \text{ Filing Fee}}	UIL	TRANSMIT	AVERTYR	ULL
SUBJECT: SchoolNet Incorporation - 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:  Alvin Crawford  (Name of Person)  SchoolNet Incorporation  (Name of Person)  (Firm/Company)  1410 Broadway 28 th Clary  (Address)  NY NY 10018  (City/State and Zip code)  For further information concerning this matter, please call:  Alwin Crawford  (Area 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:  S70.00 Filing Fee  \$78.75 Filing Fee & \$78.75 Filing Fee & \$88.50 Filing Fee?				
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Alvin Craw Ford  (Name of Person)  at (212) 636-7600 x 23  (Name of Person)  (Area 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:  S70.00 Filing Fee  \$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee,		` •	- ·	
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Certified Copy		Certificate of Status	Certified Copy	Certificate of Status &

### 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.) (State or country under the law of which it is incorporated) (Duration: Year corp. will cease to exist or "perpetual") orida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable). NRAI Services, Inc. Name: 526 E. Park Avenue Office Address: Tallahassee (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 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: A. DIRECTORS Vice Chairman: **B. OFFICERS** Vice President: Secretary: Address: Treasurer: Address: \_ NOTE: If necessary, you may attach an addendary to the application listing additional officers and/or directors. ce Chairman, or any officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)

#### $State\ of\ Delaware$

### Office of the Secretary of State PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SCHOOLNET, 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 SIXTEENTH DAY OF JULY, A.D. 2001.

FILED

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SEVERASSEE FLORIDA



Warriet Smith Windsor, Secretary of State

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AUTHENTICATION: 1243208

DATE: 07-16-01