FDDDOOO 382

TO: Registration Section Division of Corporations	- A. (
SUBJECT: Commonne Xion	TWC. 3/4	
(Name of corporatio	n - must include suffix)	
Dear Sir or Madam: FOR CORP	700005 -03/14	<u> 70201033009</u>
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to r to transact business in Florida.	Authorization to Transact Business in Fegister the above referenced foreign con	lorida",
Please return all correspondence concerning this matter		
TERRY F. Lawson (Name of		250 60 6 8
(Name of	Person)	···
Comm Conne Xion	Taic	
(Firm/Cor	mpany)	-,,
5555 Shepherds (Addr Alpharetta, GA	POND Suite B	, >
(Addr	ress)	
Alpharetta GA	30004	
(City/State a	30004 and Zip code)	
For further information concerning this matter, please of	•	OZ MAR I SECRETA
Tapa Ela - 1720	1/3-220	FILED II4 P
(Name of Person) at (770)) 663-0229 Code & Daytime Telephone Number)	― 뜻의 골 병
(2.33.4		TILED 14 PM I2: 23 RY OF STATE SSEE, FLORIDA
STREET ADDRESS:	MAILING ADDRESS:	-
Registration Section	Registration Section	
Division of Corporations 409 E. Gaines St.	Division of Corporations P.O. Box 6327	
Tallahassee, FL 32399	Tallahassee, FL 32314	
Enclosed is a check for the following amount:		
S70.00 Filing Fee \$\times \text{S78.75 Filing Fee & Certificate of Status}	\$78.75 Filing Fee & S78.75 Filing Fee & Certificate Copy	te 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. Comm Connexion 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.) Georgia 3. 02-0552700 (State or country under the law of which it is incorporated) (FEI number, if applicable) 4. <u>02 - 20 - 02</u> (Date of incorporation) (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.) Thepherds Pono, (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) Office Address: Cross Roads Business Park 8100 5w 10th Street, Bldg 3, Ste 1000 Plantation, Florida 33324 (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.

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:

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A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
	•
Director:	
Address:	
Director:	_
Address:	==
	<u> </u>
B. OFFICERS	
President: Barry W. Wray	
Address: 5555 Shepherds POND, Ste B.	
Alphanetta, Georgia 30004	=
Vice President: Bert A. Lawson	
Address: 5555 Shepherds POND, Ste B	-
Alpharetta, GA 30004	
Secretary: Terry F. Lawson	
Address: 5555 Shepherds POND, Alpharetta, 6A 30004	
Terry I (
	r=
Address: 5555 Shepherds POND, Alphanetta, GA 30004	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
13. Leven J. Laves	
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	-
4. TERRY F. LAWSON, DECRETARY Treasurer	
(Typed or printed name and capacity of person signing application)	

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER : 0209403
DATE INC/AUTH/FILED: 02/20/2002
JURISDICTION : GEORGIA
PRINT DATE : 03/01/2002
FORM NUMBER : 211

COMMCONNEXION, INC. TERRY F. LAWSON 5555 SHEPHERDS POND ALPHARETTA, GA 30004

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

COMMCONNEXION INC.

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the labove date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

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Cathy Cox Secretary of State