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IDT Corporation

520 Broad Street Newark, NJ 07102 USA P 973-438/3342 F 973-438/1455 www.idt.net

October 18, 2002

<u>Via DHL Express</u>
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Re: Entrix Telecom, Inc.

Dear Sirs:

On behalf of Entrix Telecom, Inc., enclosed please find the Application for Authority to Transact Business, signature of the statutory agent, Certificate of Good Standing and filing fee of \$87.50.

If you have any question with respect to this filing, please do not hesitate to contact me at (212) 547-5547.

Sincerely yours,
Mouni Changeublu

Marni Chorzewski Administrative Assistant

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: ENTRIX TELECOM, 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:
Arlene Torres
(Name of Person)
c/o McDermott Will and Emery Es &
50 Rockefeller Plaza, suite 1022 AND STEELER (Address)
New York, New York 10000 79 1 1 (City/State and Zip code)
For further information concerning this matter, please call:
Arlene Torres at (312) 547-5882 (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:
Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc

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 corpo	TELECOM, INC. pration; must include the word "INCORPOR	RATE	D", "COMPANY", "CORPORATION" or
words or abbre	viations of like import in language as will cl	learly	indicate that it is a corporation instead of a
naturai person (or partnership if not so contained in the nam	e at p	resent.)
_DELAWARE		_3、	
(State or country	y under the law of which it is incorporated)		(FEI number, if applicable)
AUGUST 1		_ 5、	PERPETUAL
(Da	te of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")
UCON	Qualification		
(Date first trans	acted business in Florida. If corporation has	s not i	transacted business in Florida, insert "upon qualification.")
_			607.1502 and 817.155, F.S.)
520 BRO	AD STREET NEWARK, NEW JER		
F0 700	(Principal office		
50 ROC	KEFELLER PLAZA, SUITE 1022		
	(Current mailing	, addre	ess)
			F. 2
TELEC	OMMUNICATION SERVICE	 	}
(Purpose	(s) of corporation authorized in home state of	or cou	intry to be carried out in state of Florida)
Name and str	<u>reet address</u> of Florida registered age	nt: ((P.O. Box or Mail Drop Box NOT acceptable)
Name:	CT CORPORATION SYSTEM		AM 9: 2 Prior
1 10021201			OR OR
ffice Address:	1200 SOUTH PINE ISLAND ROAD		
	PLANTATION		Florida 33324
	LIMMINITON		
	(City)	 .	(Zip code)
) 	(City)	 ,	(Zip code)
	(City)	·arvila	(Zip code)
aving been nar	(City) Agent's acceptance: ned as registered agent and to accept s	ervic	(Zip code) ce of process for the above stated corporation at the part as registered agent and agree to act in this capa
aving been nat esignated in thi erther agree to	(City) Agent's acceptance: The med as registered agent and to accept so a spelication, I hereby accept the apportance of all status The provisions of all status	intm tes re	ent as registered agent and agree to act in this capa clative to the proper and complete performance of m
laving been nat esignated in thi orther agree to	(City) ngent's acceptance: ned as registered agent and to accept s s application, I hereby accept the appo	intm tes re	ent as registered agent and agree to act in this capa clative to the proper and complete performance of m
aving been nat esignated in thi orther agree to	(City) Agent's acceptance: The med as registered agent and to accept so a spelication, I hereby accept the apportance of all status The provisions of all status	intm tes re	ent as registered agent and agree to act in this capa clative to the proper and complete performance of m
aving been nat esignated in thi orther agree to	(City) Agent's acceptance: The med as registered agent and to accept so a spelication, I hereby accept the apportance of all status The provisions of all status	intm tes re	ent as registered agent and agree to act in this capal elative to the proper and complete performance of m my position as registered agent. Hillary A. England
aving been nat esignated in thi orther agree to	(City) Agent's acceptance: The med as registered agent and to accept so a spelication, I hereby accept the apportance of all status The provisions of all status	intm tes re ns of	ent as registered agent and agree to act in this capace elative to the proper and complete performance of m my position as registered agent. Hillary A. England Assistant Secretary

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: MORRIS LICHTENSTEIN Address: ____520 BROAD STREET NEWARK, NEW JERSEY 07102 Director: __DOUG MAURO ___ Address: __ 520 BROAD STREET NEWARK, NEW JERSEY 07102 **B. OFFICERS** President: MORRIS LICHTENSTEIN Address: <u>520 BROAD STREET</u> NEWARK, NEW JERSEY 07102 Vice President: _____ Secretary: NORMAN ROSENBERG Address: 520 BROAD STREET NEWARK, NEW JERSEY 07102 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) Morris Lichtenstein, president (Typed or printed name and capacity of person signing application)



The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ENTRIX TELECOM, 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 AUGUST, A.D. 2002.

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



Varriet Smith Hindson

Harriet Smith Windsor, Secretary of State

3559750 8300

AUTHENTICATION: 1960686

020546988 DATE: 08-29-02