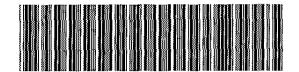
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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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SECRETARY OF STATE DIVISION OF CORPORATIONS





ACCOUNT NO. : 072100000032 REFERENCE COST LIMIT : \$ 70.00 ORDER DATE: November 22, 2002 ORDER TIME : 9:50 AM ORDER NO. : 831800-005 CUSTOMER NO: 7328427 CUSTOMER: Mr. Darren P. Nickerson Mr. Darren P. Nickerson 5500 Wissahickon Ave. Suite M402a Philadelphia, PA 19144 FOREIGN FILINGS NAME: IFAX SOLUTIONS, INC. XXXX QUALIFICATION (TYPE: CO) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Susie Knight -- EXT# 1156

EXAMINER: ___

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.

| 1 IFAX SOLU | | | | | | | |
|-----------------------|---|---------------------------------------|--------------------|---|----------------|------------|-------------------|
| (Name of corp | oration; must include the | word "INCORPOR | ATED", "COMPA | ANY", "CORPORATIO | N" or | | - . |
| words or abbre | eviations of like import in | language as will cle | arly indicate that | | | | |
| natural person | or partnership if not so co | ntained in the name | at present.) | | | | |
| 2. DELAWARE | | | 3. 04- | (FEI number, if applic | | | |
| (State or countr | ry under the law of which | it is incorporated) | | (FEI number, if applic | able) | | |
| 4. MARC | CH 13,2002 | | \mathcal{D}_{-} | | | | |
| (Da | ate of incorporation) | - | (Duration: \ | RPETUA 2_ Year corp. will cease to e | xist or "perpe | etual") | |
| | S QUALIFICA | TION | | | 1 1 | ĺ | |
| (Date first trans | sacted business in Florida. | If corporation has SECTIONS 607.1: | | | upon qualific | ation." | " |
| 75500_ | WISSAHICKON | AVE , SUIT | EM402A | PHILADELPHI | H, PA | 1914 | 4 |
| | | (Principal office a | (ddress) | | f | | |
| SAME | = | | | | | 2 | ₹ |
| | | (Current mailing a | (ddress) | | | NOV 25/2PM | -잘뜻 |
| | | , | ŕ | | | = | 医紫 |
| 5 · 5 · 10 · | 0. | | | | _ | S | 75. |
| 8. JOPPORT + | PROFESSIONAL SER | ICES TO COHUE | OCIAL USERS | OF HYLAFAX FAX | SERVER_ | FOR_ | 高品や |
| (Purpose | e(s) of corporation authori | zed in nome state or | country to be car | ried out in state of Fioric | 1a) | 3 | 350 |
| 9. Name and <u>st</u> | reet address of Florid | a registered agen | t: (P.O. Box or | Mail Drop Box <u>NOT</u> | _acceptable) | 5.5 | STAI |
| Mamas | G | : ~ | | | | တ | 35. |
| Name: | Corporation Serv | ice Company | | - | | | |
| Office Address: | 1201 Hays Street | | | | | | |
| | | | | | | | ٠ |
| | Tallahassee | _ | , Florid | a 32301 | | | |
| | (City) | | | (Zip code) | , | • | |
| | _ | | | | | | |
| | agent's acceptance: | | | | | | |
| | med as registered agen | | | | | | |
| | is application, I hereby comply with the provis | | | | | | |
| | familiar with and acc | | | | perjorman | ce oj i | $n_{\mathcal{Y}}$ |
| | jamina mining | T. W. ODNEWIOW | , oj my posmon | , we registered agents | | | |
| | Corporation Servi | ce Company | M. R. | Melling | | | |
| - | | (Registered agent's | sionature) | | _ | | |

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: | -See-attached-officers/directors-rider | | |
|------------|--|--|------------------------|
| Address: | | ar'i T | <u>-</u> |
| • | | | . |
| Vice Chai | rman: | | * |
| | | : | |
| Address: | | | |
| Director: | DAVID DIPAOLO | | 7 / 2 |
| Address: | 9 Cancord Way | | |
| | CHADOS FORD PA 19317 | | |
| Director: | TONY DUNN | | |
| Address: | 70 SUTPHIN PINES | | <u> </u> |
| | YAROUSY PA 19067 | 2 NOV | 75 <u>0</u> |
| B. OFFI | , | 25 | FILE FARY OF COR |
| President: | See attached officers/directors rider AMY SERSILD | <u> </u> | <u> 동</u> 안 |
| Address: | 2141 BAINBAIDGE ST | - 5 | <u> </u> |
| • | PHILADELPHIA, PA 19146 | | - |
| Vice Presi | dent: | | |
| Address: | | | |
| , | | | |
| Secretary: | | | |
| Address: | | <u> </u> | |
| Treasurer: | | | |
| Address: _ | | | |
| | | | * 4 |
| NOTE: | If necessary, you may attach an addendum to the application listing additional officers and/or | director | s. |
| 13 | | 4:1 | |
| • • | (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the appli | cation) | |
| 14 | (Typed or printed name and capacity of person signing application) | . | * |

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IFAX SOLUTIONS, 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-SECOND DAY OF NOVEMBER, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IFAX SOLUTIONS, INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF MARCH, A.D. 2002.

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

DIVISION OF CORPORATIONS

12 NOV 25 PM 1: 56



Harriet Smith Windson Harrier Smith Windson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2106980

DATE: 11-22-02

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