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FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

December 5, 2002

WILLY WILLIAMS WILLIAMS NETWORK SOLUTIONS 7332 VISCAYA CIRCLE MARGATE, FL 33063-6890

SUBJECT: WILLIAMS NETWORK SOLUTIONS INC.

Ref. Number: W02000034152

We have received your document for WILLIAMS NETWORK SOLUTIONS INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

You must list the officers and directors of the corporation. Please complete the enclosed page.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 702A00064616

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	_		
SUBJECT: Williams NETWO	on-must include suffix)		
(I varie of corporation - must include surfax)			
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 matte	r to the following:		
Willy Williams	Ch		
Williams Netwo	RK Solutions		
7332 Viscaya.	<u>Circle</u>		
(Add	race)		
	33063-6890		
(City/State	and Zin code)		
(3.1).2	OS FEB		
For further information concerning this matter, please call:			
101 Will: 001 070 PO P			
Willy Williams at (454	1972 - 6870		
(Name of Person) (Area	Code & Daytime Telephone Number)		
STREET ADDRESS: Registration Section	MAILING ADDRESS: Registration Section		
Division of Corporations	Division of Corporations		
409 E. Gaines St. Tallahassee, FL 32399	P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for the following amount:			
□ \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	1 \$78.75 Filing Fee &		

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. Williams Nstwork Solutions 7nC. (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.)	
2. Dslaware (State or country under the law of which it is incorporated) 3. =55-0790166 (FEI number, if applicable)	
4. AUQUST 6 2002 5. = WA (Duration: Year corp. will cease to exist or "perpetual")	
6. Upon Quality Cation (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.)	
7. 7332 Viscaya Circle Margate FL 33063 (Principal office address)	
7332 Viscaya Circle Margate FL 33063 (Current mailing address)	
8. Computer Consulting & Struces (Purposa(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)	50
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	1
Office Address: 7332 Viscaya Circle	
Margate Florida 33063 (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.

(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: Address: Vice Chairman: Address: Director: ___ Address: Director: Address: _____ **B. OFFICERS** President: Address: Vice President: Address: Address: __ Treasurer: ___ 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) (Typed or printed name and capacity of person signing application)

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WILLIAMS NETWORK 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 TWENTIETH DAY OF NOVEMBER, A.D. 2002.



Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 2099455

DATE: 11-20-02