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Certified Copies	Certificates	of Status
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CONTRACT OF STATE OF STATE OF CORPORATIONS

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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: FMC lelesev. Incommunication - 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:
John R. Tay for (Name of Person)
Fmc Telesery, Inc (Firm/Company)
(Firm/Company)
6777 Camp Bowie Blud., Suite 332
6777 Camp Bowie Blud., Suite 332 (Address) Fort Worth TX 76116 (City/State and Zip code)
(City/State and Zip code)
2 PAR
For further information concerning this matter, please call:
For further information concerning this matter, please call: Tohn R-Taylor at (817) 732-5949 (Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 - MAILING ADDRESS: Registration Section Division of Corporations Pivision of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certificate of Status Continuous C

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.	. FMC Telesery, In commandate			
	(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.	. <u>Delaware</u> 3 45-0514444			
	(State or country under the law of which it is incorporated) (FEI number, if applicable)			
4_	March 14, 2003 5 Perpetual			
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")			
	Upon qualification			
0.	(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.	6045 S.W. 45th Street, Davie, Florida 33314			
(Principal office address)				
	6111 Camp Bowie Blvd. Suite 332, Fort Worth, Texas 76	116		
	(Current mailing address)	25		
		물곱		
3.	Communications Services	THE PERSON		
		SOF		
a .	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Frank M. Cassidu	SS.		
•	The state of the s			
	Name: trank M. Cassidy 5	N.S.		
) i	ffice Address: 6045 S.W. 45th Street			
	Davie , Florida 33314			
	(City) (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) igent'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 Director Chairman: Address: Director: Address: __ Director: _ Address: ____ **B. OFFICERS** Sc. Vice Presidente Treasurer : Address: Vice Proid Secretary: William E. N Ridge Court, Grapaine, TX 76051 Treasurer: <u>See above</u> 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)

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FMC TELESERV, 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 NINTH DAY OF JULY, A.D. 2003.

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

CRETARY OF STATE OF STATE OF STATE OF CORPORATIONS



Warriet Smith Windson, Secretary of State

AUTHENTICATION: 2519432

DATE: 07-09-03

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