F03000004579

(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:

Name Availability	
Document Number	Office Use Only
Filed	DCC
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Acknowledgement	DCC
W. P. Verifyer	DCC

900022632769

09/10/03--01057--001 **70.00

FILED
03 SEP 10 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Attorney At Law
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Alpharetta, Georgia 30005

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September 4, 2003

VIA FEDERAL EXPRESS

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32314
(850) 488-9000

FILED
03 SEP 10 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Certificate of Authority for Sail Networks, Inc.

Dear Sir/Madam:

In connection with the above-referenced matter, enclosed please find the following documents:

1. Two originals of the Application for Certificate of Authority of a Foreign Corporation;

2. One Certificate of Good Standing issued by the State of Delaware; and

3. A check in the amount of $70.00 payable to the Florida Department of State in payment of the filing fee and the issuance of the Certificate of Authority.

When the application is accepted for filing, please forward in the overnight package enclosed.

Sincerely,

Charlotte Lacey
Legal Assistant to Lance J.M. Steinhart

Enclosures
cc: Mr. Tom Kowalewski (w/enc)

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. **Sail Networks 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.)

2. **Delaware**
(State or country under the law of which it is incorporated)

3. **510401301**
(FEI number, if applicable)

4. **July 14, 2000**
(Date of Incorporation)

5. **Perpetual**
(Duration: Year corp. will cease to exist or "perpetual")

6. **upon qualification**
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)

7. **9065 Barnwell Road, Alpharetta, GA 30022**
(Current mailing address)

8. **Provide Telecommunication Services**
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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03 SEP 10 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: **TCS Corporate Services, Inc.**

Office Address: **103 N. Meridian St.**

Tallahassee, Florida, **32301**
(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 addresses of officers and/or directors: (Street address **ONLY**- P. O. Box **NOT** acceptable)

A. DIRECTORS (Street address only- P. O . Box NOT acceptable)

Chairman: See Attached

Address: _____

_____

Vice Chairman: _____

Address: _____

_____

Director: _____

Address: _____

_____

Director: _____

Address: _____

_____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: See Attached

Address: _____

_____

Vice President: _____

Address: _____

_____

Secretary: _____

Address: _____

_____

Treasurer: _____

Address: _____

_____

FILED
03 SEP 10 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. X _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Thomas Kowalewski, Chairman
(Typed or printed name and capacity of person signing application)

LIST OF OFFICERS & DIRECTORS OF SAIL NETWORKS, INC.

Officers

Candice Kowalewski	**CEO**
Francis X. Betancourt	**President & COO**
Thomas Kowalewski	**Chairman**

Directors

Ron Milford
Timothy Christian
Taylor Robinson
Harland LaVigne

All the above referenced Officers & Directors can be reached at: 9065 Barnwell Road, Alpharetta, GA 30022.

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SAIL NETWORKS 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 SECOND DAY OF SEPTEMBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAIL NETWORKS INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF JULY, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

FILED
SEP 10 8 00
OFFICE OF SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

3259933 8300

030565807

AUTHENTICATION: 2610667

DATE: 09-02-03