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CAPITAL CONNECTION, INC.

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Skylynx C	ommunications Inc
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Signature

Name

Walk-In _

Requested by:

Will Pick Up

OS PELLED & 18 BY STATE AND A SECRETARION OF THE PARTY OF

	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
	Fictitious Owner Search
	Vehicle Search
	Driving Record
	UCC 1 or 3 File
	UCC 11 Search
	UCC 11 Retrieval
	Courier

APPLICATION BY FOREIGN CORPORA	ATION FOR AUTHORIZATION TO TRANSACT
BUSINES	SS IN FLORIDA
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA REGISTER & FOREIGN CORPORATION TO TRANSAC	A STATUTES, THE FOLLOWING IS SUBMITTED TO
1. Name of corporation; must include the word "INCORPOR	CATIONS INC. OT
words or abbreviations of like import in language as will cle natural person or parmership if not so contained in the name	arly indicate that it is a corporation instead of a at present.)
2. Delewone	3. 37-/465836 (FEI pumber, if applicable)
(State or country under the law of which it is incorporated)	5. Perferunces. if applicable)
6. NOU-15.2003	(Duration: Year cosp. will cease to exist or "perpetual")
(Date first transacted business in Florida. If corporation has	not transacted business in Florida, insert "upon qualification.") 501, 607.1502 and 817.155, F.S.)
7. 500 JOLN Kinglins	- JARASOTA H 34236
SAME (Principal office	विद्याचनक)
(Current mailing	ddzess)
8. Communication 5	
(Purpose(s) of corporation authorized in home state of	country to be carried out in state of Florida)
9. Name and street address of Florida registered ager	it: (P.O. Box or Mail Drop Box NOT acceptable)
Name: (Spry DROWN)	
Office Address: 500 John King	lias
SARASOTA H	429 Gorida
(City)	(Zip code)
designated in this application, I hereby accept the appoi	rvice of process for the above stated corporation at the place interest as registered agent and agree to act in this capacity. It is relative to the proper and complete performance of my sof my position as registered agent.
(Registered agent)	c cignature)

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.

Treasurer:

12. Names an	d business addresses of officers and/or directors:
A. DIRECTO	rs /
Chairman:	CAMI Dlowd
Address:	13/8 FOINT OF KOCKS
	SANASOTA. 41. 34242
Vice Chairman:	
Address:	
Director:	Stephen R Susson
Address:	500 John lyngling
	MASOTA 4/ 34236
Director:	Stephen L. Kogens
Address:	500 John Kingthy
	prasota 41 34236
B. OFFICER	
President:	OARS DROYUN,
Address: 50	00 DOLD MIGHT
~~~~	JARASOFA F19 34136
Vice President:	DANJEC Jullivan
Address: 50	20 John King/ins

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

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SKYLYNX COMMUNICATIONS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAT CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF DECEMBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SKYLYNX COMMUNICATIONS, INC." WAS INCORPORATED ON THE THIRTIETH DAY OF APRIL, A.D. 2003.

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



Harriet Smith Windson Harrier Smith Windson

AUTHENTICATION: 2780111

DATE: 12-02-03

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