

F04 80000 1650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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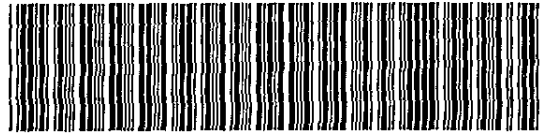
Special Instructions to Filing Officer:

789, 2821, 671

3/26/04
WLS

Office Use Only

W04-8968



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02/24/04--01052--021 **87.50

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

04 MAR 26 AM 10:01

FILED



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 5, 2004

KEITH MACHEN
INFLEXION COMMUNICATIONS CORPORATION
14405 LAUREL PLACE STE. 314
LAUREL, MD 02110

SUBJECT: INFLEXION COMMUNICATIONS CORPORATION
Ref. Number: W04000008968

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAR 26 AM 10:01

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We have received your document for INFLEXION COMMUNICATIONS CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence from the same office that provided you with the certified copy.

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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 404A00014814

INTEROFFICE MEMORANDUM

TO: KEITH MACHEN
FROM: LISA SIMMONS
SUBJECT: FLORIDA APPLICATION FOR AUTHORIZATION TO TRANSACT
BUSINESS
DATE: 2/5/2004
CC: CHERI MCGREGOR

SIGNATURE OF REGISTERED AGENT: REQUIRED

Send Application for Authorization to:

C. T. Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

SECRETARY
TALLAHASSEE, FLORIDA

04 MAR 26 AM 10:01

FILED

RE: COMPLETED APPLICATION

COPIES: 0
FILING FEE: \$87.50 PAYABLE TO THE FLORIDA DEPARTMENT OF STATE
ENCLOSURE: CERTIFIED COPY OF CHARTER DOCUMENT FROM DELAWARE
ADDRESS: FLORIDA DEPARTMENT OF STATE, REGISTRATION SECTION
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Inflexion Communications Corporation

(Name of corporation - 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:

Keith Machen

(Name of Person)

Inflexion Communications Corporation

(Firm/Company)

14405 Laurel Place, Suite 314

(Address)

Laurel, MD 02110

(City/State and Zip code)

For further information concerning this matter, please call:

Keith Machen

(Name of Person)

at (443) 739-8219

(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
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

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

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04 MAR 26 AM 10:01
TALLAHASSEE, FLORIDA

**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. Inflexion Communications Corporation

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. 20-0210877

(FEI number, if applicable)

4. September 10, 2003

(Date of incorporation)

5. perpetual

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

6. upon qualification

(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. 645 Griswold, Suite 1800, Detroit, MI 48226

(Principal office address)

645 Griswold, Suite 1800, Detroit, MI 48226

(Current mailing address)

8. telecommunications services

(Purpose(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)

Name: C.T. Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(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.

**Stacy M. Rosenthal
Vice President and
Assistant Secretary**

(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:

FILED
04 MAR 26 AM 10:01
CLERK OF COURT
JUDICIAL CIRCUIT IN
FLORIDA

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02/17/2004 21:59 3814838508

CTCORP
INFLEXION COMM MD

PAGE 03/03
PAGE 03

A. DIRECTORS

Chairman: Dwayne Goldsmith

Address: 645 Griswold, Suite 1800

Detroit, MI 48226

Vice Chairman: _____

Address: _____

Director: Keith Machen

Address: 14405 Laurel Place, Suite 314

Laurel, MD 20707

Director: Francisco de Jesus

Address: 100 Federal Street

Boston, MA 02110

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SECURITY
TALLAHASSEE-FLORIDA

B. OFFICERS

President: Dwayne Goldsmith

Address: 645 Griswold, Suite 1900

Detroit, MI 48226

Vice President: Keith Machen

Address: 14405 Laurel Place, Suite 314

Laurel, MD 20707

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. G. Hermas
(Signature of Director or Officer listed in number 12 of the application)

14. A. Keith Machen / Vice President / Director
(Typed or printed name and capacity of person signing application)

Delaware

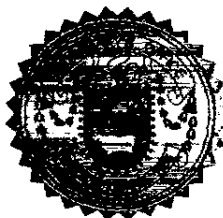
PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INFLEXION COMMUNICATIONS CORPORATION" 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 FIFTH DAY OF MARCH, A.D. 2004.

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

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



3702090 8300

040167827

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2971007

DATE: 03-05-04