# F04000004081

(Requestor's Name)	
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PICK-UP WAIT MA	AIL
(Business Entity Name)	
(Document Number)	<del></del>
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#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations							
SUBJECT: XFone USA. Inc							
(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:							
Shalana Eddins							
(Name of Person)							
Incorp Services, Inc							
(Firm/Company)							
Incorp Services, Inc  (Firm/Company)  6075 S. Eastern Ave Suite 1  (Address)  Las Vegas, NV 89119-3146							
(Address)							
Las Vegas, NV 89119-3146 ΘΕ ω							
(City/State and Zip code)							
For further information concerning this matter, please call:							
Shalana Eddins at ( 702 ) 866-2500 ex 2012							
(Name of Person) (Area Code & Daytime Telephone Number)							
STREET ADDRESS: MAILING ADDRESS:							
Registration Section Registration Section							
Division of Corporations Division of Corporations							
409 E. Gaines St. P.O. Box 6327 Tallahassee, FL 32399 Tallahassee, FL 32314							
Enclosed is a check for the following amount:							
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐							



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 8, 2004

SHALANA EDDINS INCORP SERVICES, INC 6075 S EASTERN AVE, STE 1 LAS VEGAS, NV 89119-3146

SUBJECT: XFONE USA, INC Ref. Number: W04000026093

We have received your document for XFONE USA, INC and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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: 904A00043800

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 60?, 1503. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

T. XFone USA, In	ic†					
	orporation; must include "INCORPORATE orp." "Inc." "Co." or "Corp.")	₹D.	" "COMPANY," "CORPORATION,"		<del></del>	
(If name unavail	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting busing	ess în Flori	da)	
2. Mississippi		3.	Apply for			
(State or country	under the law of which it is incorporated)		(FEI number, if applicable)			
4. May 28,2004		<b>5</b> .	Perpatual			
(Date	af incorparation)		(Duration: Year corp. will cease to exist o	r "perpetua	**)	
6. Upon Qualifica	ation					
* and the same same same same same same same sam	(SEE SECTIONS 607.1501 & 607. London, UK N12 9RY  (Principal office of the Street, Jackson, MS 39205-0427	<u>-</u>	502, F.S., to determine penalty liability)	SECRE TALLAI	Or 10	
OVO HORA DIBLE	(Current mailing	add	iress)	SE	<u>-</u>	7
Q	ations business			SEE, F	19 PH <sub>1</sub> 3: 33	
(Purpose(s	s) of corporation authorized in home state o	r co	ountry to be carried out in state of Clorida)	OR OR	က္	
9. Name and street	et address of Florida registered agent: (	P.C	D. Box NOT acceptable)	ÎDA A	ယ္သ	
Name:	Incorp Services, Inc		<del></del>			
Office Address:	103 North Meridian Street		·			
	Tallahassee		Florida 32301			
	(City)		(Zin 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.

Some Catalina On Behalf of Trearp Services Tix.
(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. DIRE	ECTORS	
Chairman:	32301	a stanton
Address:	6075 S. Eastern Ave Suite 1	
!	Las Vegas, NV 89119-3146	
Vice Chai	rman: Abraham Keinan	·
	6075 S. Eastern Ave Suite 1	·
1	Las Vogas, NV 89119-3146	·
Director:	Abraham Keinan	
Address:	6075 S. Eastern Ave Suite 1	
	Las Vegas, NV 89119-3146	
Director:	Abraham Keinan	
Address:	6075 S. Eastern Ave Suite 1	
	Las Vegas, NV 89119-3146	and the second s
B. OFF	ICERS	T.
President	Aug fliggerman	ALL/ ALL/ ALL/ ALL/ ALL/ ALL/ ALL/ ALL/
Address:	6075 S. Eastern Ave Suite 1	E F
	Las Vegas, NV 89119-3146	SEE - 1
Vice Pres	ident: Guy Nissenson	
Address:	COTE C. Francisco Anna Cristo 1	3: 3: ORID
	Las Vegas, NV 89119-3146	
Secretary	Guy Nissenson	· · ·
Address:	6075 S. Eastorn Ave Suite 1	
Treasurer	Guy Nissenson	
	6075 S. Eastern Aye Suite 1	
		adday dimora
NOTE:	If necessary, you may attach an addendum to the application listing additional officers a	nast unectors.
13	(Signature of Director or Officer listed in number 12 of the application)	
14.	GUY NISSENSON, DOGSTOENT	•
1-1 4/	(Typed or printed name and capacity of person signing application)	

# State of Mississippi

### Office of the Secretary of State Eric Clark, Secretary of State Jackson, Missisppi

#### CERTIFICATE

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on May 28, 2004, the State of Mississippi issued a Charter/Certificate of Authority to:

XFONE USA, INC.

That the state of incorporation is MISSISSIPPI.

That the period of duration is 99 years.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

Given under my hand and seal of office July 13, 2004

Tic Clark

ERIC CLARK Secretary of State

Certification Number: 6522563-1 Page 1 of 1 Reference: yhd-rose Verify this certificate online at http://www.sos.state.ms.us/busserv/corp/verify