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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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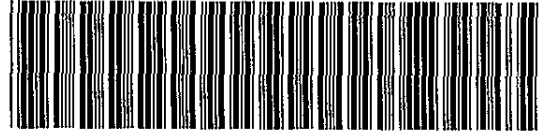
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

SP

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cellular Sales of Knoxville, 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:

Josh Keller - Managing Partner
(Name of Person)

Cellular Sales of Knoxville, Inc.
(Firm/Company)

407 E. Charlton St.
(Address)

Savannah, GA 31401
(City/State and Zip code)

For further information concerning this matter, please call:

Kelley Keller at (912) 655-4500
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE FLORIDA

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:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|--|---|--|

**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. Cellular Sales of Knoxville, Inc.

(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. Tennessee

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

3. 62-1519339

(FEI number, if applicable)

4. 01/05/1993

(Date of incorporation)

5. Perpetual

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

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 7804 Abercorn Street #44 Savannah, GA 31406

(Principal office address)

7804 Abercorn Street #44 Savannah, GA 31406

(Current mailing address)

8. Wireless Phone and Accessory Sales

(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 NOT acceptable)

Name: Josh Keller - Managing Partner

Office Address: 10300 South Side Blvd.

Jacksonville

(City)

Florida 32256

(Zip code)

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TALLAHASSEE FLORIDA

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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Not Applicable

Address: _____

Vice Chairman: Not Applicable

Address: _____

Director: Josh Keller - Managing Partner

Address: 407 E. Charlton St.

Savannah, GA 31401

Director: Brian Snyder - Managing Partner

Address: 425 Copper Creek Circle

Pooler, GA 31322

B. OFFICERS

President: Margaret Scism

Address: 119 Blue Heron Drive

Lenoir City, TN 37771

Vice President: Dane Scism

Address: 119 Blue Heron Drive

Lenoir City, TN 37771

Secretary: Not Applicable

Address: _____

Treasurer: Not Applicable

Address: _____

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

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. Josh Keller - Managing Partner

(Typed or printed name and capacity of person signing application)

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05 MAY -5 PM 8 37
TALLAHASSEE FLORIDA
SECRETARY OF STATE

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 04/27/2005
REQUEST NUMBER: 05117524
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 01/05/1993
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0261082
JURISDICTION: TENNESSEE

TO:
CELLULAR SALES OF KNOXVILLE INC
PO BOX 23497

KNOXVILLE, TN 37933-1497

REQUESTED BY:
CELLULAR SALES OF KNOXVILLE INC
PO BOX 23497

KNOXVILLE, TN 37933-1497

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"CELLULAR SALES OF KNOXVILLE, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF
INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED
WITH THIS OFFICE; AND
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FOR: REQUEST FOR CERTIFICATE

ON DATE: 04/27/05

FROM:
CELLULAR SALES OF KNOXVILLE INC
P.O. BOX 23497

KNOXVILLE, TN 37933-1497

RECEIVED: FEES \$60.00 \$0.00
TOTAL PAYMENT RECEIVED: \$60.00

RECEIPT NUMBER: 00003714661
ACCOUNT NUMBER: 00193353



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE