

(Req	uestor's Name)	
(Add	ress)	
(Ádd	ress)	
(City	/State/Zip/Phone	<u> </u>
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only



200063505712

01/13/06--01033--006 **70.00

SECRETARY OF STATE

10,8-01

COVER LETTER

TO: Registration Section Division of Corporations	
•	
SUBJECT: Telecom Media Systems Co	
(Name of corpora	tion - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," and check are submitted to transact business in Florida.	
Please return all correspondence concerning this mat	er to the following:
Monica Huerta	
(Name	of Person)
Telecom Media Systems Corp.	70 Z
	Company)
20379 W, Country Club Dr. Suite 2	132
	idress)
Aventura, FL 33180 USA	
	e and Zip code)
•	TE TE
For further information concerning this matter, please	e call:
,,	
Monica Huerta at (_30)	5 ₎ 6928795
	a Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	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	S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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. Telecom Me	edia Systems Corp.		
(Enter name of countries," "Co.," "Co.,"	orporation; must include "INCORPORATEI orp," "Inc," "Co," or "Corp.")	O," "COMPANY," "CORPO	营 一
TMS			
(If name unavaila	able in Florida, enter alternate corporate nam	e adopted for the purpose of	transacting business in Elorida)
_{2.} Delaware	3	20-3460340	Ma D O
	under the law of which it is incorporated)	***************************************	er, if applicable)
4. 09/12/2005	5	; Perpetual	52
(Date	of incorporation)	(Duration: Year corp. wil	Il cease to exist or "perpetual")
6			
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.	in Florida, if prior to registra 1502, F.S., to determine pena	tion) lty liability)
_{7.} 20379 W, (Country Club Dr. Suite 213	2 Aventura, FL 33	180 USA
	(Principal office ad	ldress)	
20379 W,	Country Club Dr. Suite 21	32 Aventura, FL	33180 USA
	(Current mailing ac	ldress)	
(Purpose(s	ctivity for the corporations of corporation authorized in home state or address of Florida registered agent: (P. Monica Huerta	country to be carried out in st	
Name:			
Office Address:	20379 W, Country Club D	r. Suite 2132	
	Aventura, Florida	, Florida 33180	<u>)</u> –
	(City)	(Zîp code	e)
Having been nam designated in this further agree to co		tment as registered agent of relative to the proper and sosition as registered agent	and agree to act in this capacity. I complete performance of my duties
	(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
Cristhian Farias Huerta
Address: 20379 W, Country Club Dr. Suite 2132 Aventura, FL 33180 USA
Vice Chairman:
Address:
Director: Cristhian Farias Huerta
Address: 20379 W, Country Club Dr. Suite 2132 Aventura, FL 33180 USA
Director:
Address:
SERY W
OPERCIEDS
B. OFFICERS President: Cristhian Farias Huerta
Address: 20379 W, Country Club Dr. Suite 2132 Aventura, FL 33180 USA
/ice President:
Address:
ecretary: Monica Huerta
Address: 20379 W, Country Club Dr. Suite 2132 Aventura, FL 33180 USA
reasurer: Cesar Farias Huerta
Address: 20379 W, Country Club-Dr. Suite 2132 Aventura, FL 33180 USA
NOTE: If necessary, you may attach an addendym to the application listing additional officers and/or directors.
3.
(Signature of Director or Officer listed in number 12 of the application) Cristhian Farias Huerta Director, officer and Chairman of the Board

(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 "TELECOM MEDIA SYSTEMS CORP." 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 TWENTY-SEVENTH DAY OF DECEMBER, A.D. 2005.

FILED

2006 JAN 13 A 7 52

SECRETARY OF STATE
SECRETARY OF STATE



Warriet Smith Windson
Harriet Smith Windson, Secretary of State

AUTHENTICATION: 4405978

DATE: 12-27-05