# F06000006392

(Re	questor's Name)	)		
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phor	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Na	me)		
<b>1</b>	1.55	<u> </u>		
(Do	ocument Number	)		
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				
		)/		





100079568491



## CARLTON FIELDS, P.A.

ATTORNEYS AT LAW

215 South Monroe Street, Suite 500 Tallahassee, Florida 32301-1866

ELDS, P.A.

SAT LAW

MAILING ADDRESS

Post Office Drawer 190, Tallahassee, FL 32302-0190.

Tel 850.224.1585 Fax 850.222.0398

#### **FAX COVER SHEET**

Date:	October 9, 2006	Phone Number	Fax Number
To:	Buck Kohr Florida Secretary of State		850-245-6030
From:	Kimberly Pullen	850.513.3619	850,222,0398

Client	Matter	No.

52082-30407

Employee No.:

0323

Toto	otal Number of Pages Being Transmitted, Including Cover Sheet:				
Me	Message: As always, thank you for your assistance!				
_	Original to follow Via Regular Mail		Original will Not be Sent	☐ Original will follow via Overnight Courie	
ind disc imm	ividual or entity named above. If the re- remination, distribution or copy of this com	ader munico	of this message is not the inte trion is strictly prohibited. If you	dential information intended only for the use of the ended recipient, you are hereby notified that any u have received this communication in error, please original message to us at the above address via the	
•••	If there are any	proble	ms or complications, please not 850.224.1585	ify us immediately at:	

CARLTON FIELDS, P.A.

Atlanta

Miami

Telecopier operator.

Orlando

St.Petersburg

Tallahassee

Tampa

West Palm Beach

# DEPARTMENT OF STATE ACCOUNT FILING COVER SHEET

	ACCOUNT FILING COVER SHEET	0,
Account Number	FCA00000017	ALL OR IN
Reference: (Sub Account)		- OFFICE TO
Date:	10/9/06	(PA)
Requestor Name:	Carlton Fields	<b>*</b>
Address:	Post Office Drawer 190 Tallahassee, Florida 32302	
Telephone:	(850) 513-3619 - direct (850) 224-1585	
Contact Name:	Kim Pullen, CLA	
Corporation Name:	US Detcom	CCRP.
Entity Number: Authorization:	Km Pele	Lé.
Certified Copy		Certificate of Status
New Filings	Plain Stamped Copy	Annual Report
Fictitious Name	Amendments	Registration
(X) Call When Ready	(X) Call if Problem	( ) After 4:30
(X) Walk In	( )Will Wait	(X) Pick Up
CF Internal Use Only Client: 52082 N	latter: 30407	in the specific control of the

## 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. US Neto	com Corp.		
	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION," FOR	71
(If name unavai	lable in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Forida)	<u> </u>
<sub>2.</sub> Missouri	3	43-1908964	ين سط
	under the law of which it is incorporated)	(FEI number, if applicable)	, W
4 11/3/200	00 5	perpetual \$\footnote{\psi}\$	•
"	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	-
<sub>6.</sub> n/a			
		in Florida, if prior to registration) 502, F.S., to determine penalty liability)	•
<sub>7.</sub> 710 Sout	th Maiden Lane, Joplin, M		_
	(Principal office add	iress)	
710 Sout	th Maiden Lane, Joplin, M	lissouri 64801	_
	(Current mailing add	iress)	
··	e and Software Developm		-
(Purpose(	s) of corporation authorized in home state or c	ountry to be carried out in state of Florida)	
9. Name and stre	et address of Florida registered agent: (P.0	D. Box NOT acceptable)	
Name:	CFRA, LLC		
Office Address:	4221 Boy Scout Boulev	ard_	-
	Tampa	, Florida 33607	
	(City)	(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.

Manufacture)

(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. Name	es and business addresses of officers and/or directors:	
A. DIRE		
	Joseph J. Kelly	
Address: _	1212 Carrington Terrace	
	Joplin, MO 64804	<del></del>
Vice Chair	man	. <del> ए</del>
Address: _		<del></del>
-		,
Director:	New York Control of the Control of t	
Address: _		<del>-</del> -
_		-
Director: _		
		_
B. OFFIC		, <b>-</b> -
	Joseph I Kolly	
	1212 Carrington Terrace	
Address	Inalia MO 64804	
	ient:	* *
\ddress: _		
_	Joseph J. Kelly	•
	1212 Carrington Terraco Jonlin MO 64804	-
Address: _	1212 Carrington Terrace, Sopiin, MO 04804	
reasurer.		. 4 . <u>.                                </u>
Address: _		i <del>d</del> v u
OTE: 16	necessary, you may attach an addendum to the application listing additional officers and/or directors.	
	weeksay, to the standard of the appreciation using additional officers and in the cross.	
3	(Signature of Director or Officer listed in number 12 of the application)	÷ 4
ول_ ًــ	seph J. Kelly	<i>=</i> .=
la:	seph J. Kelly	<u> </u>

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

# STATE OF MISSOURI



### Robin Carnahan Secretary of State

# CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

## US NETCOM CORP. 00489702

was created under the laws of this State on the 3rd day of November, 2000, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 9th day of October, 2006

Secretary of State

Certification Number: 9107164-1 Reference:

Verify this certificate online at http://www.sos.mo.gov/businessentity/verification