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To:

Division of Corporations

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From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone (850) 521-1000

Fax Number (850)558-1575

### FOREIGN PROFIT/NONPROFIT CORPORATION

BEST PRACTICE NETWORKS, INC.

Certificate of Status	1
Certified Copy	1
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FROM : BOND-UPSON/BEST PRACTICE NETWO FAX NO. :800 303 9070

Mar. 06 2008 01:24PM P4

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

IN RI	COMPLIANCE GISTER A FOL	REIGN CORPORATION TO TRANSACT.	TATUTES, THE FOLLOWING IS SUBMITTED TO BUSINESS IN THE STATE OF FLORIDA	7
1.		tice Networks, Inc.	<u> </u>	
	(Enter name of c	erposation; must include "INCORPORATED; arp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	1
	(If name pnavail	able in Florida, enter alternate corporato name	adopted for the purpose of transacting business in Florien)	:
2	•	•	adopted for the purpose of transacting business in Florien) 75-3092395	ح
		under the law of which it is incorporated)	(FEI number, if applicable)	
4	January 7	, 2003	Perpetual	
٠,		of meorperation)	(Duration: Year corp. will cease to exist or "perpetual")	
5				
			n Florida, if prior to registration)	
	500 West	rske sections 607.1501 & 607.1 Crossville Road, Roswell, G	502. F.S., to determine neasity lightlity)	
7.	299 MA21	(Principal office add		
	#265 CAIN	ns Avenue, Suite 3608, Miar	•	
	0000 COM	(Current mailing add		
		· (Canada maning and	and a second	
8	Education		•	
	(Purpose(s	of corporation authorized in home state or co	ountry to be carried out in state of Florida)	
9.	Name and street	t address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)	
	Name:	Corporation Service Comp	any .	
Of	fice Address:	1201 Hays Street		
		Tallahassee	33301	
		(City)	, Florida 32301 (Zip code)	
		,	(sup vine)	
Hi des fur	ving been nam vignated in this ther agree to co	appacation, I hereby accept the appoints	ce of process for the ubove stated corporation at the place tent as registered agent and agree to act in this capacity. I clative to the proper and complete performance of my duties, sition as registered agent.	,
		Marker Charles (Registered agents's submature)	Heather Chapman as its agent	•

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.

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Chairman: Deborah Bond-Upson	
Address: 6365 Collins Avenue, Suite 3608, Miami Beach, FL 33	3141
James Remard Ples	2 9 4
Vice Chairman: James Bernard Rice	300
Address: 570 Twinflower Court, Roswell, GA 30075	
Director:	
Address:	70
	5
Director:	
Address:  B. OFFICERS	
Address:	3141
B. OFFICERS  President: President and CEO: Deborah Bond-Upson	3141
B. OFFICERS  President: President and CEO: Deborah Bond-Upson  Address: 6365 Collins Avenue, Suite 3608, Miami Beach, FL 33	3141
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B. OFFICERS  President: President and CEO: Deborah Bond-Upson  Address: 6365 Collins Avenue, Suite 3608, Miami Beach, FL 33  Vice President: Chairman and CFO: James Bernard Rice  Address: 570 Twinflower Court, Roswell, GA 30075  Secretary: Leland Bond-Upson	
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(Typed or printed name and capacity of person signing application)

Control No. 0314209

# STATE OF GEORGIA

### Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

## CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Geo hereby certify under the seal of my office that

#### BEST PRACTICE NETWORKS, INC.

#### **Domestic Profit Corporation**

was formed or was authorized to transact business on 01/07/2003 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 6th day of March, 2008

> Karen C Handel Secretary of State

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Certification Number: 2180842-1 Reference: Varify this certificate online at http://corp.sos.stats.ga.ua/oop/soskb/verify.asp