

FD8000003420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

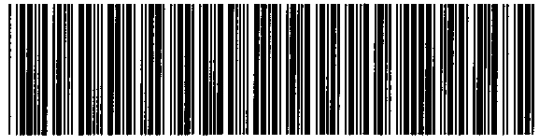
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TALLAHASSEE, FLORIDA

MRS 8/6

11008-9591

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: OmniPoint Holdings, 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:

Glenn Myer

(Name of Person)

OmniPoint Holdings, Inc.

(Firm/Company)

3111 West Dr. MLK, Jr. Blvd, Suite 100

(Address)

Tampa, FL 33607

(City/State and Zip code)

For further information concerning this matter, please call:

Glenn Myer

(Name of Person)

at (813) 574-3841

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☒ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2008

GLENN MYER
OMNIPOINT HOLDINGS, INC.
3111 WEST DR MLK, JR. BLVD, SUITE 100
TAMPA, FL 33607

SUBJECT: OMNIPOINT GROUP, INC.
Ref. Number: W08000009591

We have received your document for OMNIPOINT GROUP, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

A brief description of the entity's nature of business must be included in the document.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist II

Letter Number: 008A00011365

OMNIPOINT US, LLC



July 29, 2008

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: OmniPoint Holdings Inc.

Dear Reader:

Enclosed please find copies of paperwork filed with application by foreign limited liability company for authorization to transact business in Florida by OmniPoint Holdings, Inc.

OmniPoint Holdings, Inc. still does not show as an active company within the state of Florida. We never received correspondence notifying us of any rejection. I called on July 29th and was advised to send in a copy of the canceled check to track the filing. Please review and advise what other documents are needed to finalize this transaction.

Your help is greatly appreciated and if you have any questions, I can be reached at 305-408-0984. My fax number is 800-531-8142.

Respectfully,

A handwritten signature in cursive script, appearing to read "Aileen Leon".

Aileen Leon

Office Manager

**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. OmniPoint Holdings, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

OmniPoint Group, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

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

3. 26-1838689

(FEI number, if applicable)

4. 02/06/2008

(Date of incorporation)

5. _____

(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. 3111 West Dr. MLK, Jr. Blvd, Suite 100, Tampa, FL 33607

(Principal office address)

3111 West Dr. MLK, Jr. Blvd, Suite 100, Tampa, FL 33607

(Current mailing address)

8. _____

(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: Glenn Myer

Office Address: 3111 West Dr. MLK, Jr. Blvd, Suite 100

Tampa, Florida 33607


(City)

(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Glenn Myer

Address: 3111 West Dr. MLK, Jr. Blvd, Suite 100, Tampa, FL 33607

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. x _____

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

14. Glenn Myer - Director

(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 "OMNIPOINT HOLDINGS, INC." 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 FIFTEENTH DAY OF FEBRUARY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OMNIPOINT HOLDINGS, INC." WAS INCORPORATED ON THE SIXTH DAY OF FEBRUARY, A.D. 2008.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4495620 8300

080165757

A handwritten signature in cursive script that reads "Harriet Smith Windsor".

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6384960

DATE: 02-15-08