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(Requestor's Name)

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(City/State/Zip/Phone #)

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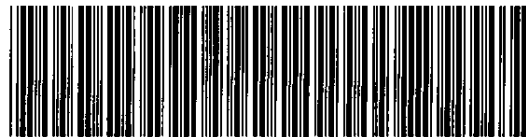
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 JUL 13 PM 1:50
STATE
TALLAHASSEE, FLORIDA

B McKnight JUL 15 2010

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1720 Windward Concourse
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Alpharetta, Georgia 30005

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July 10, 2010

VIA FEDERAL EXPRESS

Qualification/Tax Lien Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301
(850) 245-6051

Re: Certificate of Authority for Capital Communications Consultants, Inc.

Dear Sir/Madam:

In connection with the above-referenced matter, enclosed please find the following documents:

1. One original and one copy of Communications Consultants, Inc.'s Application for Certificate of Authority of a Foreign Corporation;
2. One Certificate of Good Standing issued by the State of Georgia; and
3. A check in the amount of \$70.00 payable to the Florida Department of State in payment of the filing fee and the issuance of the Certificate of Authority.

Please return the approval of the filing in the enclosed overnight Federal Express package with an affixed prepaid return label. If you need any further information, please do not hesitate to contact me directly at (678) 775-2253 or via e-mail at ajanssen@telecomcounsel.com.

Sincerely,



Angela Janssen
Legal Assistant

Enclosures

c: Bryan Michael

**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.*

Capital Communications Consultants, Inc.

1. _____
(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. **Georgia** 3. **02-0549854**
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. **2/14/02** 5. **Perpetual**
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. **7320 Old Clinton Hwy., Ste. 10, Knoxville, TN 37921**
(Principal office address)

(Current mailing address)

8. **Provide Telecommunication Services**
(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: **Incorp Services, Inc.**

Office Address: **17888 67th Court North**
Loxahatchee, Florida **33470**
(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.



**Sherry Gale, Operations Manager
on behalf of Incorp Services, Inc.**

(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.

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Bryan Michael

Address: 7320 Old Clinton Hwy., Suite 10
Knoxville, TN 37921

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Bryan Michael

Address: 7320 Old Clinton Hwy., Suite 10
Knoxville, TN 37921

Vice President: _____

Address: _____

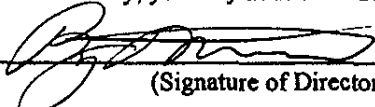
Secretary: Bryan Michael

Address: 7320 Old Clinton Hwy., Suite 10

Treasurer: Knoxville, TN 37921

Address: _____

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

X 13. 
(Signature of Director or Officer listed in number 12 of the application)

14. Bryan Michael President
(Typed or printed name and capacity of person signing application)

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10 JUL 13 PM 4:51
TALLAHASSEE, FLORIDA

Control No. 0208781

STATE OF GEORGIA

Secretary of State

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

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STATE OF GEORGIA
ATLANTA, FLORIDA

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

CAPITAL COMMUNICATIONS CONSULTANTS, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 02/14/2002 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 24th day of June, 2010

B. P. Kemp

Brian P. Kemp
Secretary of State