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SECRETARNOF STATE OIVISION OF CORPORATION

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#### **COVER LETTER**

TO: New Filing Section Division of Corporations				
SUBJECT: SIX DEGREES NETWORK CORPORATION				
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," or "Certificate of Good Standing" 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:				
SHARON J. HAWKINS				
Name of Person				
SIX DEGRESS NETWORK CORPORATION				
Firm/Company				
11829 SHOEMAKER CT				
Address				
CHARLOTTE, NC 28270				
City/State and Zip code				
sharon.hawkins@sixdnet.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
SHARON J. HAWKINS at ( 786 ) 376.9913				
Name of Person 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 & Certified Copy \$87.50 Filing Fee, Certified Copy \$87.50 Filing Fee, Certified Copy				



11 JUN - 1 AM II: 12

SECRETARY OF STATE TALLAHASSEE, FLORIDA

RECEIVED

FLORIDA DEPARTMENT OF STATE Division of Corporations

May 13, 2011

SHARON J. HAWKINS 11829 SHOEMAKER CT CHARLOTTE, NC 28270

SUBJECT: SIX DEGREES NETWORK CORPORATION

Ref. Number: W11000026718

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

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 011A00011958



## APPLÍCATION 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.

	S NETWORK CORPORATION				
	orporation; must include "INCORPORATI orp," "Inc," "Co," or "Corp.")	ED," "C	OMPANY," "CORPORATION,"		
<i>mo.</i> , co., c	sip, ine, eo, or eorp. )				
(If name unavaila	able in Florida, enter alternate corporate na	me adop	ted for the purpose of transacting busin	ess in Florid	<u>a)</u>
2. NEW YORK		<sub>3.</sub> 27-3263748			
(State or country	under the law of which it is incorporated)		(FEI number, if applicable)		_
4. 08/13/2010		5.	PERPETUAL  (Duration: Year corp. will cease to exist or "perpetual")		
(Date	of incorporation)	(Du	ration: Year corp. will cease to exist o	r "perpetual"	<u>')</u>
6. <u>n/a</u>					
	(Date first transacted busine		rida, if prior to registration) F.S., to determine penalty liability)		
- 1200 Prioke			• • •		
7. 1200 Bricke	ell Ave., Suite 1950 Miami, F		1 33 13 1		<del></del>
11829 Sho	emaker Ct. Charlotte, NC	,	'n		
11020 0110	(Current mailing				
				••	
	LE TO DO BUSINESS IN T			<b>N</b>	 
(Purpose(s)	of corporation authorized in home state o	r country	to be carried out in state of Florida)		<b>₹</b>
9. Name and stree	t address of Florida registered agent: (	P.O. Bo	x <u>NOT</u> acceptable)		<b>9</b> 8
Name:	SHARON JANE HAWK	414		1	PATE OF THE PATE O
Office Address:	1200 Brickell Ave., Suite 195	0	,	2	PP S
	Miami		22121	Ż	A A
	(City)		, Florida 33131 (Zip code)	3	<b>9</b> 5
	(City)		(Esp code)		
10. Registered ag	•		function for the above stated commo	nation at th	a placa
	ed as registered agent and to accept se application, I hereby accept the appoi				
	omply with the provisions of all statute				

(Registered agent's signature)

and I am familiar with and accept the obligations of my position as registered 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.



### 201 JUN -1 PM 12: 18

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

A. DIRECTORS
Chairman:
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
Address.
B. OFFICERS
President: JOSE LUIS ZUMAETA
Address: 11829 SHOEMAKER CT. CHARLOTTE, NC 28270
Address: 11029 SHOEMAKER CT. CHARLOTTE, NC 20270
Vice President: GASTON LIZANA
Address: 11829 SHOEMAKER CT. CHARLOTTE, NC 28270
Secretary: PAULO MUNOZ
Address: 11829 SHOEMAKER CT. CHARLOTTE, NC 28270
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13.
Signature of Director or Officer  The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein
are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
14. JOSE LUIS ZUMDETA PRESIDENT

# State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of SIX DEGREES NETWORK, CORPORATION was filed on 08/13/2010, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



DIVISION OF CORPORATION

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 05th day of April two thousand and eleven.

First Deputy Secretary of State