

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H110002017153)))



H110002017153ABCS

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-1000

Fax Number : (850)558-1515

SECRETARY OF STATE

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		

FOREIGN PROFIT/NONPROFIT CORPORATION PREPAYD WIRELESS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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SECRETARY OF STATE

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COVER LETTER

	Filing Section on of Corporations			
SUBJECT:	PrepaYd Wireless, Inc.			
BODOECT.	Name of	corporation	- must include suffix	
Dear Sir or Ma	adam:			
"Certificate of	"Application by Foreign Corp." Existence," or "Certificate of ced foreign corporation to tran	Good Star	ding" and check are subm	
Please return a	all correspondence concerning	this matter	to the following:	
Maria Long				
		Name of	Person	
Corporation S	Service Company			
		Firm/Con	pany	· · · · · · · · · · · · · · · · · · ·
801 Adlai Ste	evenson Drive			·
		Addre	ess	
Springfield II	L 62703			
	. (City/State a	nd Zip code	
mark@csilon				
	E-mail address: (to be used t	for future annual report no	tification)
For further inf	ormation concerning this matt	er, please o	all:	
Maria Long	at	(800	927-9801	
Name	of Person		Code & Daytime Telepho	ne Number
New F Divisi Clifto 2661 I	ET/COURIER ADDRESS: Filing Section on of Corporations in Building Executive Center Circle assee, FL 32301		MAILING AB New Filing Sec Division of Cor P.O. Box 6327 Tallahassee, FL	tion porations
Enclosed is a	check for the following amoun	nt:		
⊠ ^{\$70.00} F	iling Fee \$78.75 Filing F Certificate of S		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

	able in Florida, enter alternate corp	porate name adopted for the purpose of transacting business	in Florida)
2. <u>CA</u>		3. (FEt number, if applicable)	<u></u>
		•••	
4. 04/27/2011		5. Perpetual	-C
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "	perpetual")
6			·
	(SEE SECTIONS 607.15	ed business in Florida, if prior to registration) 501 & 607.1502, F.S., to determine penalty liability)	Z Ω ÷
- 20271 SW Ac	acia st 200, Newport Beach,	CA 92660	
7		al office address)	ASS S
20271 SW Ac	acia st 200, Newport Beach,	CA 92660	
	(Current	mailing address)	
			N STATE
8. Any and all L	awful purposes	ne state or country to be carried out in state of Florida)	5 £ 9
/D	·) of corporation authorized in how	ne clate or country to be carried out in ctote of Elevida)	,
(Entbose)	of corporation authorized in non	inc state of country to be carried out in state of Profigar	
		agent: (P.O. Box NOT acceptable)	
		agent: (P.O. Box NOT acceptable)	
9. Name and <u>stree</u> Name:	et address of Florida registered a	agent: (P.O. Box NOT acceptable)	
9. Name and stree	ct address of Florida registered a Corporation Service Comp 1201 Hays Street	agent: (P.O. Box <u>NOT</u> acceptable)	
9. Name and <u>stree</u> Name:	ct address of Florida registered a Corporation Service Comp 1201 Hays Street	agent: (P.O. Box NOT acceptable)	
9. Name and <u>stree</u> Name: Office Address:	Corporation Service Comp 1201 Hays Street Tallahassee (City)	agent: (P.O. Box <u>NOT</u> acceptable)	
9. Name and <u>stree</u> Name: Office Address:	Corporation Service Comp 1201 Hays Street Tallahassee (City)	pany , Florida 32301 (Zip code)	ion at the place
9. Name and stree Name: Office Address: 10. Registered a Having been nam	Corporation Service Comp 1201 Hays Street Tallahassee (City) gent's acceptance: led as registered agent and to a application, I hereby accept the	agent: (P.O. Box NOT acceptable) pany , Florida 32301 (Zip code) accept service of process for the above stated corporate the appointment as registered agent and agree to act in	a this capacity. I
Name and street Name: Office Address: Office Address: Office Address:	Corporation Service Comp 1201 Hays Street Tallahassee (City) gent's acceptance: led as registered agent and to a application, I hereby accept the ompty with the provisions of all	agent: (P.O. Box NOT acceptable) pany , Florida 32301 (Zip code) accept service of process for the above stated corporate the appointment as registered agent and agree to act in all statutes relative to the proper and complete perform	a this capacity. I
9. Name and stree Name: Office Address: 10. Registered a Having been nam designated in this further agree to c and I am familian	Corporation Service Comp 1201 Hays Street Tallahassee (City) gent's acceptance: led as registered agent and to a application, I hereby accept the ompty with the provisions of all	Agent: (P.O. Box NOT acceptable) pany , Florida 32301 (Zip code) Accept service of process for the above stated corporate the appointment as registered agent and agree to act in till statutes relative to the proper and complete performas of my position as registered agent.	a this capacity. I
9. Name and stree Name: Office Address: 10. Registered a Having been nam designated in this further agree to c and I am familian	Corporation Service Comp 1201 Hays Street Tallahassee (City) gent's acceptance: led as registered agent and to a application, I hereby accept the ompty with the provisions of all with and accept the obligation	Agent: (P.O. Box NOT acceptable) pany , Florida 32301 (Zip code) Accept service of process for the above stated corporate the appointment as registered agent and agree to act in till statutes relative to the proper and complete performas of my position as registered agent.	a this capacity. I

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.

	4636	
	FILED	
12. Names and business addresses of officers and/or directors:	11 AUG 11 AH 9: 55	
A. DIRECTORS	SECRETARY CHI STATE	
Chairman:	TALLAHASSEE FLORIDA	
Address:		
/ice Chairman:		
Address:		
rirector: Rick Galasieski		
ddress: 20271 SW Acacia st 200, Newport Beach, CA 92660		
irector: Josh Berman		
ddress: 20271 SW Acacia st 200, Newport Beach, CA 92660		
. OFFICERS		
resident: Rick Galasieski		
ddress: 20271 SW Acacia st 200, Newport Beach, CA 92660		
ice President: Josh Berman		
ddress: 20271 SW Acacia st 200, Newport Beach, CA 92660		
ecretary:		
ddress:		
reasurer:		
ddress:		
OTE: If necessary, you may attach an addendum to the anathration listing	additional officers and/or directors.	
3		
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 are true and that he or she is aware that false information submitted in a document degree felony as provided for in s.817.155, F.S.	2 above) affirms that the facts stated herein iment to the Department of State constitutes a	
Inch Downer Vice President		

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

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State of California Secretary of State

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CERTIFICATE OF STATUS

ENTITY NAME:

PREPAYD WIRELESS, INC.

FILE NUMBER:

FORMATION DATE:

TYPE:

JURISDICTION:

STATUS:

C3372825

04/27/2011

DOMESTIC CORPORATION

CALIFORNIA

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 09, 2011.

DEBRA BOWEN
Secretary of State

OSP 06 99731 MMS