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## **COVER LETTER**

TO: New Filing Section Division of Corporations	•			
SUBJECT: TopSpin Networks, Inc. Name of corporation - must in				
Name of corporation - must in	clude suffix			
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for Authoriza "Certificate of Existence," or "Certificate of Good Standing" and above referenced foreign corporation to transact business in Flor	I check are submitted to register the			
Please return all correspondence concerning this matter to the fo	llowing:			
Steven Selfors				
Name of Person				
1 1 -				
TopSpin Networks, Inc.				
	1 4003			
2500 East Las Olas Blue	7 7303			
Fort Landerdale, FL 33:	301			
City/State and Zip co	de t			
Steve Steve	Selfors @ topspinnetworks, con			
E-mail address: (to be used for future	annual report notification)			
For further information concerning this matter, please call:				
-1 10 0.0 -	1 =			
Steven Seltars at (919) 306 5474				
Name of Person Area Code & D	aytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDDECS.			
STREET/COURIER ADDRESS: MAILING ADDRESS: New Filing Section New Filing Section				
Division of Corporations Division of Corporations				
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, FL 32314			
Tallahassee, FL 32301	,			
Enclosed is a check for the following amount:	_			
\$70.00 Filing Fee \$\text{Certificate of Status}\$ \$78.75 Filing Fee & Certifie	Siling Fee & Status & 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.

1. TopS	oin Networks, Inc.		
(Enter name of c	orporation; must include "INCORPORATED," "Copp.," "Inc.," "Co," or "Corp.")	OMPANY," "CORPORATION,"	
Tog	ble in Florida, enter alternate corporate name adopt	J.C. st	ain and in Florida
-		ed for the purpose of transacting ou	siness in Florida)
2. Delay. (State or country)	ander the law of which it is incorporated)	(FEI number, if applicab	le)
4. May.	10.2011 5.	Perpetual	
Date		ration: Year corp. will cease to exis	t or "perpetual")
6. <u>No</u>	+ yet transacting	n Florida	
	(Date first transacted business in Flor (SEE SECTIONS 607.1501 & 607.1502, F		
7. <u>2500</u>	East Las Olas Blud	. #503 Fort La	uderdale FL
~~	(Principal office address)	tton on	35301
_2500	(Current mailing address)	303 Fat Lau	33301
- O.			\
8. Softu	of corporation authorized in home state or country	to be corried out in state of Elorida	)
• • • • • • • • • • • • • • • • • • • •	•		TAIST 72
	t address of Florida registered agent: (P.O. Box	( NOT acceptable)	麗黃 工
Name:	Corporation Service Company		1
Office Address:	1201 Hays Street		<b>原星日</b>
	Tallahassee	, Florida 32301	2: 1 FLUE FLUE FLUE FLUE FLUE FLUE FLUE FLUE
	(City)	(Zip code)	A CO
10. Registered ag Having been name	ent's acceptance: ed as registered agent and to accept service of	process for the above stated cor	poration at the place
designated in this	application, I hereby accept the appointment of the appointment of the appointment of all statutes relatives.	is registered agent and agree to	act in this capacity. I
	with and accept the obligations of my position		formunce of my unites,
	An who he was		
	AmySchwab		
_	(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: FILED A. DIRECTORS Chairman: Address: Address: Director: \_\_ Street, Apartment 1 M 02/16 Foreside ME, 04110 **B. OFFICERS** Address: Vice President: Address: Address: \_\_\_\_ Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Top Spin Networks, Inc

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

Delaware

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## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TOPSPIN NETWORKS, 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 EIGHTH DAY OF DECEMBER,

A.D. 2011.



4980207 8300

111248833

AUTHENTICATION: 9213095

DATE: 12-08-11

You may verify this certificate online at corp.delaware.gov/authver.shtml