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

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FOREIGN PROFIT/NONPROFIT CORPORATION
OPTIMA NETWORK SERVICES, INC.

Certificate of Status	0
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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. OPTIMA NETWORK SERVICES, INC.
(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. CALIFORNIA
(State or country under the law of which it is incorporated)

3. 87-0719354
(FEI number, if applicable)

4. 01/14/2004
(Date of incorporation)

5. PERPETUAL
(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. 13850 CENTRAL AVE, UNIT 300, CHINO, CA 91710
(Principal office address)

800 DOUGLAS RD., 12TH FLOOR, CORAL GABLES, FL 33134
(Current mailing address)

8. ANY LAWFUL ACT OR ACTIVITY
(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.

Corporation Service Company

By: Stephanie Milnes Asst. V.P.
(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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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: ROBERT E. APPLE

Address: 800 DOUGLAS RD., 12TH FLOOR,
CORAL GABLES, FL 33134

Director: _____

Address: _____

B. OFFICERS

President: ROBERT E. APPLE

Address: 800 DOUGLAS RD., 12TH FLOOR
CORAL GABLES, FL 33134

Vice President: MICHAEL D. MOSEL

Address: 13850 CENTRAL AVE, UNIT 300
CHINO, CA 91710

Secretary: ALBERTO DE CARDENAS

Address: 800 DOUGLAS RD., 12TH FLOOR, CORAL GABLES, FL 33134

Treasurer: CHARLES ROBERT CAMPBELL

Address: 800 DOUGLAS RD., 12TH FLOOR, CORAL GABLES, FL 33134

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. Alberto de Cardenas, secretary
(Typed or printed name and capacity of person signing application)

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State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

OPTIMA NETWORK SERVICES INC.

FILE NUMBER:	C2573174
FORMATION DATE:	01/14/2004
TYPE:	DOMESTIC CORPORATION
JURISDICTION:	CALIFORNIA
STATUS:	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 13, 2012.

Debra Bowen

DEBRA BOWEN
Secretary of State

NMT