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TRANSMITIAL LETTER

ATHREST STRIPTOR

TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

SUBJECT: EQUALITY PLUS TELECOMMUNICATIONS CORP. OF FLORIDA (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", 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:

JOHN M. McCORMICK, ESQ.		î
(Name of Person))))
JOHN M. MCCORMICK, P.A.	(3) [7]	
(Firm/Company)		Cin Cin
501 E. Church Street	5/2 = 3	g G
(Address)	- 27)	-
Orlando, FL 32801	7 7 E	•
(City State and Zin Code)		

Should you need to call someone concerning this matter, please call:

John M. McCormick at (407) 843 . 5690 .

(Name of Person) Area Code & Daytime Telephone Number

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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:

t. <u>FOUALITY PLUS TELECOMMUNICATIONS CORP.</u> , OF (Name of corporation: must include the word 'NCORPORATED', 'COMPAN abbreviations of like import in language as will clearly indicate that it is a corpor partnership if not so contained in the name at present.)	FLORIDA Y","CORPORATION" or words or poration instead of a natural person
2. DELAWARE (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated)	065
4. NOVEMBER 29, 1984 5. Perpetual (Date of Incorporation) (Duration: Year corp. wi	
6. JANUARY 1, 1995 [Date first transacted business in Florida, (See sections 67.1501, 607.1502, and 817.	
7. 1850 Lee Road	
Winter Park, FL 32789 (Current moiling address)	
8. sale of long-distance telephone services (Purposals) of corporation authorized in home state or country to be carrie	d out in the state of Florida)
9. Name and street address of Florida registered agent:	BWEEG SECTION
Name:JOHN M. McCORMICK	ජි
Office Address: 501 E. Church Street	
Orlando, FI.	Florida , 32801 — (Zip Code)
10. Registered agent's acceptance:	

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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.

(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 addresses of officers and/or directors: Α. DIRECTORS Chairman: Peter Barrold Address: 3000-7 Semoran Blvd. Orlando, EL 32822 Vice Chairman: _____ Address: ______ Director: Address: ______ Director: Address: В. **OFFICERS** President: Peter Harrold Address: 3000-7 Semoran Blvd. Orlando FL 32822 Vice President: Address: _____ Secretary: _____ Address: _____ Treasurer: ______ Address: _____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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

14.

State of Delaware

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Office of the Secretary of State

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BAVE OUT TOTAL ASSESSED TO DATE.

CI :IIII UC IIIF So Selection Comments

Edward J. Freel, Secretary of State

AUTHENTICATION

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DATE.

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