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ACCOUNT NO. 1 072100000002	
REFERENCE 677360 9216A	
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ORDER DATE : September 11, 1995	
ORDER TIME : 9:31 AM	
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CUSTOMER NO: 9216A	001581941
CUSTOMER: Bruce Lazar, Esq Therrel Boisden & Meyer Weiss Suite 500 1111 Lincoln Road Miami Beach, FL 33139	<u>ः</u> ः <i>ध</i> ा
FOREIGN FILINGS	SECEIVED
NAME: CENTRAL CELLULAR SERVICES, INC.	NO SE SELVINA
XX PROFIT XX CORPORATE NON-PROFIT LIMITED PARTNERSH	IP
XX QUALIFICATION	S S S S S S S S S S S S S S S S S S S
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	— 02- 056 056
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STAMPING	TILED CORPOR

34/11

CONTACT PERSON: Jeanine Prezeau

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLONIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

CRNTRAL CKLLULAR SKRYI Name of corporation: must in abbreviations of like import in or parmership if not so contain	CKB, INC. clude the word "NCORPORATED", "COMPANIANGED as will clearly indicate that it is a core and in the name at present.)	IY*,*CORPOR. poration inste	ATION or words or ad of a natural person
2. <u>Delaware</u> (State or country under the law	3. 65-0 (FEI numb	520947 or, If applicab	la)
(Date of Incorporation)	5. Perpetual (Duradon: Year corp. w	ill cases to av	let as massacratic
6. <u>August 1, 1995</u> (Date first transacted business	in Florida. (See sections 607,1501, 607,1502, and 817	7.155, F.S.)	SECON
Miami, Florida 3301/	•		
(C	urrent mailing address)		E SE
8. Any lawful activity			
(Purposals) of corporation a	uthorized in home state or country to be carr	ied out in the s	state of Floridal
9. Name and street addi	ess of Florida registered agent:		
Name:	BRUCE E. LAZAR	-	
Office Address:	IIII Lincoln Road, Suite 500		
_	Miami Beach	— , Florida , _	33139
			(Zip Code)
10. Registered agent's a			
registered agent and agree of all statutes relative to the	nistered agent and to accept service of esignated in this application, I hereby to actin this capacity. I further agree to actin this capacity. I further agree to proper and complete performance of ions of my position as registered agents (Registered agents signature)	y accept to to comply	he appointment as
Achidera of ruis application it	te of existence duly authenticated, no the Department of State, by the Sec records in the jurisdiction under the la		

t2.	Namos	and	addrosses	of	officers	and/or	directors:

A. DIRECTORS

Chairman:	JACK KUDRVIN	·····
	16500 N.W. 52nd Avenue	
	Minmi, Florida 33014	
Director VXxxxXinoinxx	POC RANDY SIMON	
Addross:	16500 N.W. 52nd Avenue Miami, Florida 33014	
	Miami, Plorida 33014	
Director:	ANDREW BURNS	
Address:	16500 N.W. 52nd Avenue	
	Miami, Plorida 33014	
Director:	MICHAEL KUDEATA	
Address:	16500 N.W. 52nd Avenue	
	Miami, Florida 33014	

B. OFFICERS

President:	JACK KUDEVIZ
Sec/Treasurer Address:	16500 N.W. 52nd Avenue
	Miami, Florida 33014
Vice President:	RANDY SIMON
Address:	16500 N.W. 52nd Avenue
	Miami, Flroida 33014
Vice President	ANDREW BURNS
Address:	16500 N.W. 52nd Avenue
	Miami, Florida 33014
Vice President	MICHAEL KUDEVIZ
Address:	16500 N.W. 52nd Avenue
	Miami, Florida 33014

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. RANDY SIMON VICE RESIDENT
(Typed or printed name and capacity of person signing application)

State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CENTRAL CELLULAR SERVICES, 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 FIFTH DAY OF SEPTEMBER, A.D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

SECRETARY OF STATE STATE SECRETARY OF SECRETARY O



Edward J. Freel, Secretary of State

AUTHENTICATION.

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DATE

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