95000004660

TO: Qualification/Tax Lien Section Division of Corporations SUBJECT: Cellular Sales of Florida, INC.
(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: Chad Copeland Cellular Sales of Florida, INC. (Firm/Company) 8787 Southside Blud, #2502 Jacksonville, Florida 32256 Should you need to call someone concerning this matter, please call: (Name of Person) at (904) 363-0691 (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 Section 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:

1. <u>Cellular Sales of Florida</u>	Fac.	
(Name of corporation: must include the word "INCOR? OR abbreviations of like import in language as will clearly in lic person or partnership if not so contained in the name at pre	ATED", "COMPANY", "CORPORATION" or wor tate that it is a corporation instead of a natural sent.)	ds or
2. Tennessee (State or country under the law of which it is incorporated)	3. <u>65-059 2559</u> (FEI number, if applicable)	
4. 7-28-95 (Date of Incorporation)	5. Perpetual (Duration: Year corp. will cease to exist or "nerr	octual")
6 (Date first transacted business in Florida. (SEE SECTION		— ——
7. 8787 southside Bl	y	SECRE DIVISION
Jacksonville, Florid	2 32256 F	FILE FIARY OF CO
		RP SI
8(Purpose(s) of corporation authorized in home state or countr Florida)	y to be carried out in the state of	STATE MATERIES R: 51
9. Name and street address of Florida registered acceptable)		T
Name: Chad E. Copeland		
Office Address: 3787 Southside Blue	4. #2502	
10 Registered and acceptance	, Florida , <u>32356</u> (Zip Code)	
Having been named as registered agent and to accept corporation at the place designated in this application registered agent and agree to act in this capacity. It all statutes relative to the proper and complete performed accept the obligations of my position as register	Juriner agree to comply with the provision ormance of my duties, and I am familiar w	us of ith
Charle Cope (Registered agent	's signature)	
 Attached is a certificate of existence duly authen delivery of this application to the Department of official having custody of corporate records in the incorporated. 	State, by the Secretary of State or other	

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O . Box NOT acceptable) Chad E. Copeland Chairman: Address: 8787 Souris: Ne BLUD #2502 Jacksonville FL 3225% King berry Copeland Vice Chairman Address: 8787 SouthSide alud # 2502 Jacksonville Cl. 32256 Director: Kent A. (opeland Address: 146 Meadow Brook Lane Cleveland TN. 37312 Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Chad E. Copeland Address: 8787 South Side BLU1 #2502 Jacksonville FL 32256 Vimberly A. Coeland Vice President: Southside Blod. #2502 lacksonville F1. 32256 Secretary: Sowinside Alud. #2502 Address: brksonville Fl. 32256 (opelano Address: 146 meadow Brook Lane, Cleidand Th. 37312 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. President Vice President Secretary, Treasurer (Typed of printed name and capacity of person signing application)

Secretary of State Corporations Section James K. Polk Building, Suite 1800 Nashville, Tennessee 37243-0306

ISSUANCE DATE: 08/24/1995
REQUEST NUMBER: 3046-2038
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 07/28/1995 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0298147 JURISDICTION: TENNESSEE

HODGES, DOUGHTY & CARSON W. TYLER CHASTAIN PO BOX 869 KNOXVILLE, TN 37901-0869

REQUESTED BY: HODGES, DOUGHTY & CARSON W. TYLER CHASTAIN PO BOX 869 KNOXVILLE, TN 37901-0869

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT "CELLULAR SALES OF FLORIDA, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FOR: REQUEST FOR CERTIFICATE

HODGES DOUGHTY & CARSON (W MAIN/BOX 869)
617 WEST MAIN AVE
P. O. BOX 869
KNOXVILLE, TN 37901-0000

ON DATE: 08/24/95

RECEIVED:

FEES \$10.00

\$10.00

TOTAL PAYMENT RECEIVED:

\$20.00

RECEIPT NUMBER: 00001841395 ACCOUNT NUMBER: 00007118



FROM:

RILEY C. DARNELL SECRETARY OF STATE