



THE UNITED STATES
CORPORATION
COMPANY

F97000006130

ACCOUNT NO. : 072100000032

REFERENCE : 606821 10802A

AUTHORIZATION :

Patricia Pizut

COST LIMIT : \$ 70.00

ORDER DATE : November 19, 1997

ORDER TIME : 2:44 PM

ORDER NO. : 606821-005

CUSTOMER NO: 10802A

400002352464--4

CUSTOMER: Barbara A. Burkett, Esq
Barbara A. Burkett. Esq
Suite 1
2830 Nw 41st Street
Gainesville, FL 32606

FOREIGN FILINGS

NAME: CAPSTON NETWORK COMPANY

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

DIVISION OF CORPORATION

97 NOV 19 PM 3:30

RECEIVED

9/11/19
97 NOV 19 PM 4:11
FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

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

1. CAPSTON NETWORK COMPANY
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. DELAWARE 3. 59-3376199
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5-6-1996 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. MARCH 1997
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.)

7. 1612 North OSCEOLA AVENUE
CLEARWATER, FL 33755
(Current mailing address)


8. Any lawful activity for a Sliverware Corporation
(Purposes(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: Barbara A. Burkett, Esq.
Office Address: 2830 NW 41st Street, Suite I
Gainesville, FL, Florida, 32606
(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.


(Registered agent's signature)

BARBARA A. BURKETT

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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DIVISION OF CORPORATIONS
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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)

Chairman: SALLY FONNER (also known as Sole-Director)

Address: 1612 North Osceola Avenue
Clearwater, FL 33755

Vice Chairman: NONE

Address: _____

Director: NONE

Address: _____

Director: NONE

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: SALLY FONNER

Address: 1612 North Osceola Avenue
Clearwater, FL 33755

Vice President: NONE

Address: _____

Secretary: SALLY FONNER

Address: 1612 North Osceola Avenue
Clearwater, FL 33755

Treasurer: SALLY FONNER

Address: 1612 North Osceola Avenue
Clearwater, FL 33755

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

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

14. SALLY FONNER Chairman, President, Secretary, Treasurer
(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 "CAPSTON NETWORK COMPANY" 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 NINTH DAY OF SEPTEMBER, A.D. 1997.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CAPSTON NETWORK COMPANY" WAS INCORPORATED ON THE SIXTH DAY OF MAY, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID IS THE NINTH DAY OF SEPTEMBER, A.D. 1997.



A handwritten signature in cursive script, reading "Edward J. Freel".

Edward J. Freel, Secretary of State

FILED
SECRETARY OF STATE
DIVISION OF RECORDS
97 NOV 19 PM 4:11

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AUTHENTICATION:

8642421

DATE:

09-09-97