

F980000003668

Document Number Only

C T CORPORATION SYSTEM

660 East Jefferson Street

Requestor's Name

Tallahassee, Florida 32301

Address

(850) 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

200002573522--4

-06/26/98--01051--023

*****70.00 *****70.00

Combined Billing, Inc. Lebia

Local Combined Billing, Inc

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Foreign | <input type="checkbox"/> Fict. Filing | <input type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> UCC-1 |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> CUS | <input type="checkbox"/> UCC-3 |
| <input type="checkbox"/> Limited Liability Partnership | | |
| <input type="checkbox"/> Certified Copy | | |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

RECEIVED
98 JUN 26 PM 12:33
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA
98 JUN 26 PM 1:24
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STATE OF FLORIDA

Name
Avallability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

JUN 26 1998

Please Return Extra Copy(s)
Filed Stamp

Thanks, Melanie

HL
6/24

RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned Jim Holmquist, do hereby certify that this Resolution of the Board of Directors of Combined Billing, Inc., a corporation duly organized and existing under the laws of the State of Minnesota, was duly adopted on April 24, 1998.

Resolved, that Combined Billing, Inc. organized and existing in the state of Minnesota, hereby adopts the name Local Combined Billing, Inc. for use in Florida.

Dated: ***Date of execution***

6-22-98



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SECRETARY OF STATE
TALLAHASSEE FLORIDA

(FLA. -2091 - 4/5/95)

CT System

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. Combined Billing, Inc.
(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. Minnesota
(State or country under the law of which it is incorporated)
3. pending
(FEI number, if applicable)
4. April 24, 1998
(Date of incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.156, F.S.))
7. Post Office Box 15104, Minneapolis, Minnesota 55415-0104
(Current mailing address)
8. Resale of long distance telecommunications services.
(Purpose(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: C T Corporation System
Office Address: c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida, 33324
(Zip Code)

10. Registered agent 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 obligation of my position as registered agent.

C T Corporation System

Michele R. Justesen
(Registered agent's signature) (Officer)

Michele R. Justesen Asst-Secy
(Type Name and Title of Officer)

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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:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Jim Holmquist

Address: 2310 Oak Glen Court

Stillwater, Minnesota 55082

Director: Scott D. Lee

Address: 1144 Larpentuer Avenue West

St. Paul, Minnesota 55113

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TALLAHASSEE FLORIDA

B. OFFICERS

President: Jim Holmquist

Address: 2310 Oak Glen Court

Stillwater, Minnesota 55082

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. Jim Holmquist, President

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

State of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

I, Joan Anderson Growe, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: Combined Billing, Inc.

Date Formed: 04/24/1998

Chapter Governed By: 302A

This certificate has been issued on 06/17/98.



Joan Anderson Growe
Secretary of State.

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SECRETARY OF STATE
MINNESOTA
MOORE FLORIDA

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