F-99000005245

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section Division of Corporations	- Function	
SUBJECT: Net Names, 2 (Name of corporation	Tac.	
(Name of corporation Dear Sir or Madam:	on - must include suffix	0029766300 -09/02/9901029003 *****87.50 *****87.50
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to to transact business in Florida.		
Please return all correspondence concerning this matte	r to the following:	
Robert H. Mai	<i>9</i>	10 2
Robert H. Mai	Person)	19 O
Net Names In	C	
<u>Net Names, In</u> (Firm/Co		
5234 Forest Edg (Addi	e Court	H ST
(Addi	ress)	— 3. L. T. G.
Sanford, FL 32 (City/Sta	2771	Si To
(City/Sta	ite/Zip)	
Should you need to call someone concerning this matte	r, please call:	W99-20798
Robert H. Maiocco at (407	324-417	6
(Name of Person) (Area	Code & Daytime Telephone	Number)
STREET ADDRESS:	MAILING ADDRESS:	
Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	Qualification/Tax Lien Se Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	ction
Enclosed is a check for the following amount:		
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status &



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 9, 1999

ROBERT H. MAIOCCO NET NAMES, INC. 5234 FOREST EDGE CT⁻ SANFORD, FL 32771

SUBJECT: NET NAMES, INC. Ref. Number: W99000020798

We have received your document for NET NAMES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6094.

Letter Number: 499A00044592

Agnes Lunt Document Specialist GOOT LEW BY S

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. Net	Names, Inc.				
(Name of corpora	ion; must include the word "INC				
	tions of like import in language a partnership if not so contained in			ı instead of a	
natural person of	artifership if not so contained in	tite frame at prese	111)		
2. Delawa	nder the law of which it is incorp	3.	59-3588	242	
4. <u>7~/3~</u>	99 of incorporation)	5. Per	petual		
(Date	of incorporation)	(Duration:	Year corp. will cease to	exist or "perpetual")	
6. 8-20	- 99		. <u> </u>	-	
(Date first tr	- 99 ansacted business in Florida.) (SI	EE SECTIONS 60	07.1501, 607.1502 and 81	7.155, F.S.)	
7 \234	Forest Edas	Court			
Sanford	, FL 3277 (Current m	' /			
	(Current m	ailing address)			
8. To engage (Purpose(s)	in any law ful act of corporation authorized in hom	e state or country	ty for which a to be carried out in state	(orpolation no of Florida) organ	ray be
9. Name and stree	t address of Florida register	ed agent: (P.O	. Box or Mail Drop Box	(NOT acceptable)	
Name:	Robert H. Mai	Deco	and the second sequence of the second	g apparation and a consequence of these amendations is the	·····································
Office Address: _	5234 Forest 1	Edge Con	<u></u>		2
<u></u>	Sanford		, Florida, 3277	99 OCT	
			(Zip code)	1	ラブカ
10. Registered age				4-	
10. Registered ag	in s acceptance.			2	290
	is registered agent and to accept				
	eby accept the appointment as r fall statutes relative to the prope				
p / 10/10/16/ U	received to be been proper	with compress D	or for memory of may walled.	wine a wife fullering! W!	WILL WULCUL

(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.

the obligations of my position as registered agent.

		, ,	•	±
A. DIRECTORS (Street address only - P.O. Box NOT acceptable)				<u>-</u>
Chairman: Robert H. Maiocco		AND THE STATE OF THE	3.	
Address: 5234 Forest Edge Cour	<i>i</i> -	-		.
Sanford, FL 32771				
Vice Chairman:	· • • 17 (w) • × • • • • •	The state of the s		The state of the s
Address:	प्रमातिक स्थापनिक स्	12 y 3 to r	-3 - , .	
	n e			1. t. 1. 2 2. 2.7
Director:	F 17 13	· = · · · ·		b
Address:			The same of the sa	
	· · ·			
Director:				4 44
Address:		- उस्तान	·	
The second secon	15.0 1 1200 B.A. 1000	, 30 <u>11 7 7 7 7</u> ,	9 40	
B. OFFICERS (Street address only - P.O. Box NOT accept			306	
President: Kobert H. Maiocco		T W 1.172, E 1.1 277 .	1 025	· · · · · · · · · · · · · · · · · · ·
Address: 5234 Forest Elge Court			3 7 6 0	
Sanford FR 32771		···· ·································		
Vice President: Robert H. Maisce	The state of the s	* 1 To Early 1994	55 85	1 25 c
Address: 5234 Forest Edge Court	······································	-	<u> </u>	
Sanford FC 32771		t 1		
Secretary: Robert H. Maiocco		*** <u></u>	· · · · · · · · · · · · · · · · · · ·	- 1 1 1 1 1
Address: 5234 Forest Edge Court	 :-			
Sanford, FL 32771	The state of the s			
Treasurer: Robert H. Maiscio	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		<u></u>	# v++,
Address: 5234 Firest Edge Court			e	and the
Sanford, FL 32771	·			· · · · · · · · · · · · · · · · · · ·
NOTE: If necessary, you may attach an addendum to the application	n listing additional o	officers and/or dire	ectors.	
13. Mot A Parina. (Signature of Chairman, Vice Chairman, or any offi	icar listed in number	· 12 of the applica	tion)	
^			uoii)	
14. Robert H. Maisces Chairman (Typed or printed name and capacity)	city of person signin	g application)		

State of Delaware Office of the Secretary of State PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NET NAMES, 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 SEVENTEENTH DAY OF SEPTEMBER, A.D. 1999.

99 OCT -4 AM 8: 45



Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE: 9975792