

October 14, 1999

Secretary of State, State of Florida Division of Corporations P.O. Box 6327 Tallahassee, FL 32324 Re: NET CONNECTIONS, INC. To Whom It May Concern: Enclosed is an original executed and copy of the Application by Foreign Corporation for Authorization to Transact Business in Florida for NET CONNECTIONS, INC., a Certificate of Status from the State of Delaware and a check for \$70.00 for payment of filing fees. Please do not hesitate to call should you have any questions. Thank you. Very truly yours, BERGER DAVIS & SINGERMAN Very truly yours, Nicci Bowman, Legal Assistant	VIA HAND DELIVERY	· Land the hopping the same		
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Legal Assistant		BERGER DAV	IS & SINGERMAN	5
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Miami · Fort Lauderdale Tallahassee

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FO	E WITH SECTION 607.1503, FLORIDA REIGN CORPORATION TO TRANSAC nnections, Inc.	STATUTES, THE FOLI T BUSINESS IN THE ST	LOWING IS SUBMITTED T FATE OF FLORIDA.	rotal
(Name of corpor	ntion; must include the word "INCORPORAtions of like import in language as will cle partnership if not so contained in the name	early indicate that it is a corp	ORPORATION" of poration instead of a	5 PH 2: 48
<u>Delawa</u>	re under the law of which it is incorporated)	3. <u>6509498</u>	41 imber, if applicable)	
4. Septem	ber 3, 1999 5	Perpetual .		- · ·
6 Subseq	uent to the filing of th	is application.	rease to existor "perpetual")	
	transacred business in Florida.) (SEE SECT t. Annes Way	TONS 607.1501, 607,1503	; and 817.155, F.S.)	
Boca R	aton, FL 33496 (Current mailing ad			
(Purposet	ion of internet web site	r country to be carried out i	in state of Florida)	- ,
9. Name and stro Name:	et address of Florida registered agen CT Corporation System	it: (P.O. Box or Mail Di	rop Box <u>NOT</u> acceptable)	
Office Address:	1200 S. Pine Island Ro	ad		
	Plantation	Florida. 333	124 	
10. Registered a	geni's acceptance:	, .		
this application, I h with the provisions	d as registered agent and to accept service tereby accept the appointment as registered of all statutes relative to the proper and convergence of the proper	d agent and agree to act in	this capacity. I further agree	e to comply th and accept
	(Registered agent	's signature)		****
11. Attached is a ca	ertificate of existence duly authenticated inc	y make then 90 days when t	a delivery of this application t	o the

^{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: (Street address ONLY - P.O. Box NOT acceptable)

Andrew Bailen,

A. DIRECTORS (Street address only - P.O. Box NOT accoptable) Andrew Bailen 5764 St. Annes Way Boca Raton, FL 33496 Vice Chairman. Address: _____ Directus: ___ Address: Address _____ B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: ___ Address: Vice President: Secretary: ___ Address: ___ Treasurer: ____ Address: _ per to the application tisting additional officers and/or directors. NOTE: If necessary, you may an

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

Chairman

State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY 'NET CONNECTIONS, INC. IS DUBY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A CEGAL CORFORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF OCTOBER? A.D. 1999.

AND L-DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOW BEEN ASSESSED TO DATE:





Edward J. Freel, Secretary of State

AUTHENTICATION:

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3093047

DATE:

10-12-99