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Reques	stor's Name		
	Address		
City/State/Zip	Phone #		Office Use Only
CORPORATION NA	ME(S) & DOCUMENT	T NUMBER(S), (if k	mown): 100003853651 03/15/01 61038001
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NEW BIBINGS	AMENDALINES		
Profit	Amendment		
NonProfit	Resignation of R.A., Office	·	SEI SEI
Limited Liability	Change of Registered Age	ent	
Domestication	Dissolution/Withdrawal		R 28
Other	Merger		<u></u>
OTHER SIDINGS Annual Report	REGISTRATIO QUALIFICATIO		D # 10
Fictitious Name	Foreign		. +
Name Reservation	Limited Partnership		4nth 3/28
	Reinstatement		3/28
<u> </u>	Trademark		- / 20
	Other		

Examiner's Initials

CR2E031(1/95)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

		(Name of foreig	gn lim	ited liability	company)				_
	DELAWARE	<u></u>	3	EIN	52-2	29477	1		
Jurisd ompa	liction under the law of which ny is organized)	foreign limited liabilit	y		(FEI numbe	r, if applicabl	e)	<u> </u>	
	JANUARY 25, (Date of Organization	2001	5.		PERPET	VAL	•		
	(Date of Organizatio	n)		(Duration exist or "	PERPE 7: Year limited perpetual")	liability compa	iny will c	ease to	5 -
	UPON QUALIFI	CATION		-		e.			
	(Date first transacte	d business in Florida. (See se	ctions 608.	501, 608.502, a	nd 817.155, F	.S.)	•	
	131 M.	ADEIRA AL	IEN	JUE		-			
	CORAL	GABLES F.	,	33 <i>1</i> 3	4				
		(Street addre	ess of	principal of	řice)				
rc 1:	-14-4 15-1-114	_ 				т -			
шш	nited liability company is	s a manager-manage	ed co	mpany, cl	neck here [
The 1	name and usual business	addresses of the m	anag	ing memb	ers or manag	gers are as fo	ollows:		
						•	ZS.	9	
HE	NRYK DABROWS	CI, JUAN)	PAR	3.60 x	1ARTIN	EZ .			_ `
ADI.	ORESS: 131 1	HADEIRA A	v.					R	7
	ORESS: 131 1 CORA	L GABLES	FL	. 33/3	4		塔里	8	T
				.	<u>.</u> .		<u> </u>		-0
							55	+:-	
	, <u>,,,</u>						€#	=	_
Attacl	hed is an original certificate of	existence, no more than	90 da	ys old, duly a	authenticated by	ythe official ha	ving cust	odyof	record
urisdic	ction under the law of which it	is organized. (A photoc	opy is	not accepta	ble. If the certif	icate is in a for	eign lang	nage, a	
SIZHOL	of the certificate under oath o	t me translator must be s	uomit	iea.)					
Nati	ure of business or purpo:	ses to be conducted	or p	romoted in	n Florida:	LEASIN	V G- ;	AID.	SALE
0.6	INFOOMATION	TECHNOLOG	· ·	4.70 -	TEL TO D				_ -
UF	INFORMATION	O CA DE DE	1 /	tVD .	PELECOM	EQUIP	MEY	<i>U ></i>	_ •
	, v	NY GOT X		_					
	Signature	of a member or an	autho	orized repr	esentative o	f a member.	•		
	(In accordance an affirmation	e with section 608,408(3) in under the penalties of p	, F.S.,	the execution	n of this docume	nt constitutes			
				4RTIN					
		Typed or print							

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:
VOX2VOX LEASING ICC
2. The name and the Florida street address of the registered agent and office are:
TUAN PABLO MARTINEZ (Name)
131 MADETRA AVENUE
Florida street address (P.O. Box NOT ACCEPTABLE)
CORAL GABLES FL 33134 TO 9
City/State/Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Fig
\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent Certified Copy (optional)

Certificate of Status (optional)

\$ 30.00

5.00