[1]02000001715

TRANSMITTAL LETTER

TO:

Registration Section

Division of Corporations

SUBJECT: SOFTEL SOLUTIONS INC LLC

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

A.S. NIJAI KUMAR	700009454.427
(Name of Person)	-05/03/02 -01103 -001 ****** 78. 75 ****** 78. 25
SOFTEL SOLUTIONS INC LLC	
(Firm/Company)	
(Firm/Company) 5522, HANLEY ROAD, SU 105, T	АМРЙОООО5451979——S
(Address)	*******78.75 ******78.75
TAMPA, FLORIDA - 33631	†
(City/State and Zip code	

For further information concerning this matter, please call:

900005451979 -06/28/02--01029--002 *****76.25 *****76.

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Enclosed is a check for the following amount:

□ \$70.00 Filing Fee

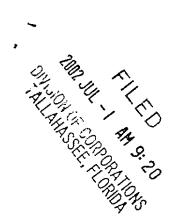
☐ \$78.75 Filing Fee & Certificate of Status ☑ \$78.75 Filing Fee & Certified Copy

□ \$87.50 Filing Fee, Certificate of Status & Certified Copy

WO2-13506 J. BRYAN MAY 9 2002

J. BRYAN JUL - 1 2002



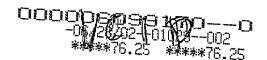


Mktg.Off:Apt.114, Royal SandCircle, Tampa, Fl-33615

Date: 06-24-2002

To
Division of Corporations,
P.O. Box 6327
Tallahassee, FL 32314.

Ref: Your Letter # 602A0009362



Dear Joey Bryan,

I am enclosing the following documents for Business Authorization to do business in Florida State.

- 1. Check for \$76.25 towards balance due.
- 2. Certificate of existence from the State of Delaware
- 3. Original and a copy of Document.
- 4. Copy of your letter # 602A0009362.

I request you to give the necessary Business Authorization for the Company to do it business activities in the State of Florida.

Thanking You



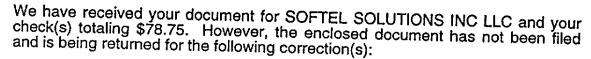
FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 9, 2002

A.S. VIJAL KUMAR 5522 HANLEY RD., STE. 105 TAMPA, FL 33634

SUBJECT: SOFTEL SOLUTIONS INC LLC

Ref. Number: W02000013506



There is a balance due of \$76.25.

We are enclosing the proper form(s) with instructions for your convenience.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificateof existence from the same office that provided you with the certified copy.

Please return the original and one copy of 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) 245-6043.

Joey Bryan Document Specialist Tax Liens

Letter Number: 602A00029362

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

THED LIABILITY COMPANY TO TRANSACT BUSINESS IN T	110 1	0, 60	\wedge
SOFTEL SOLUTIONS INC LLC		The state of the s	-4
(Name of foreign	n lim	ited liability company)	· , ,
DELAWARE	3.	98-0365512 Facility	14-
risdiction under the law of which foreign limited liability mpany is organized)		(FEI number, if applicable)	ب المحرك
AUGUST 30, 2000	5.	PERPETUAL	00
(Date of Organization)	•	(Duration: Year limited liability company will cease to exist or "perpetual")	-4.0
UPON AUTHORIZATION			
(Date first transacted business in Florida. (S	ee se	ections 608.501, 608.502, and 817.155, F.S.)	
8305 ROYAL SAND CIRCLE, APT. #114	,		_
TAMPA, FL 33615			
	es of	principal office)	- -
· ·			
		ompany, check here ging members or managers are as follows:	
The name and usual business addresses of the management of the man	anag	ring members or managers are as follows: APT. #114, TAMPA, FL 33615	
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A.S. VIJAI KUMAR

Typed or printed name of signee

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:	
SOFTEL SOLUTIONS INC. LLC	The House
2. The name and the Florida street address of the registered agent and office are:	THE SERVICE STATES
A.S. VIJAI KUMAR	ON TO
(Name)	40
8305 ROYAL SAND CIRCLE, APT. #114	
Florida street address (P.O. Box NOT ACCEPTABLE)	-
TAMPA FL 33615 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, F.S..

(Signature)

\$ 100.00. Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOFTEL SOLUTIONS INC LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF JUNE, A.D. 2002.

THE DESCRIPTIONS

3281543 8300 020391511

Harriet Smith Windson, Secretary of State
AUTHENTICATION: 1837013

DATE: 06-18-02