M0400000251

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400024791414

NOTES OF THE POSTATION





ACCOUNT NO. : 072100000032

REFERENCE: 397177

397177

4352760

AUTHORIZATION

COST LIMIT : \$ 125.00

ORDER DATE : January 15, 2004

ORDER TIME : 11:39 AM

ORDER NO. : 397177-005

CUSTOMER NO: 4352760

CUSTOMER: Ms. Debra Aldred

Graydon Head & Ritchey Llp Suite 1900, 511 Walnut Street

5th 3rd Center

Cincinnati, OH 45202

FOREIGN FILINGS

NAME: MVD COMMUNICATIONS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY

__ PLAIN STAMPED COPY

_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea -- EXT# 2914

EXAMINER: _____

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. MVD Commu	nications, LLO	2				1 0	
		(Name of fo	oreign lim	ited liability company)		20	
2.Delaware			3.	41-2066049		三三	=======================================
(Jurisdiction und	der the law of which fo		bility		mber, if applic	cable)	,
	company is organize	ed)					
4. October 2	28, 2002		5.	Perpetual		1 1 cm	E
(Date of Organization)			(Duration: Year limit	ted liability co or "perpetual")	mpany mil.ce	ase to
				CAISI	n perpetuur,	ST.	Ø.
6. <u>December</u>		susinos in Floris	. (San sa	ections 608.501, 608.50	12 and 017 15	र हर।	
	(Date marsacted (ousiness in Floric	1a. (See 80	etions 606.501, 606.50	2, and 617.13.	3, 1.3.)	
7. <u>136 Comme</u>	erce Blvd.						
Loveland,	, OH 45140	(Street a	address of	principal office)			
		(5000)	2001000	principal ciriot,			
8. If limited lia	bility company is a	a manager-ma	naged co	ompany, check here			
9. The name ar	nd usual business a	ddresses of th	e manag	ing members or ma	inagers are a	is follows:	
Jeffrev	Black, 136 Con	merce Blyd	T.O.	eland, OH 451	140		
<u>ocalacy</u>	220011, 200 0011		, 10.	ozana, on abi			
			•				
							
							
10. Attached is an	original certificate of ex	ristence, no more	then 90 da	nys old, duly authenticate	ed by the offici:	al havino custos	dvafmeords in
				opy is not acceptable. If			
translation of th	he certificate under oath	of the translator	must be su	ibmitted.)			. 55
11. Nature of b	ousiness or purpose	s to be conduc	cted or p	romoted in Florida:	: <u>Telecom</u>	municatio	ns
sales & s	ervice						
<u> </u>	CIVICE .	012/	,				
		6134	wi				
	Signature o	f a member or	an auth	orized representativ	/e of a mem	ber.	
	(In accordance	with section 608.4	08(3), F.S.	, the execution of this doc	cument constitut	tes	
			s or perjury	that the facts stated herei	n are true.)		
	Jerrey	L. Black Typed or r	rinted n	ame of signee			
		r y pour or h	zamuuu li	anno or arkitloc			

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.

	of the Limited Liabilit nunications, LLC -	y Company is:		. • •		· ·
2. The name a	ınd the Florida street a	iddress of the registe	red agent ar	nd office are	:	
	C T Corporation	System	·			
		(Name)				
	1200 S. Pine Isla	and Road		•		
	Florida s	street address (P.O. Box	NOT ACCEPT	ABLE)		
	Plantation	FL 333	24		• —————	
		(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.

Sucan J. Metze Assistant Secretary

\$ 100.00 Filing

Filing Fee for Application

\$ 25.00 Designation of Registered Agent \$ \$ 30.00 Certified Copy (optional)

5.00 Certificate of Status (optional)

elaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MVD COMMUNICATIONS, 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 SIXTH DAY OF JANUARY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MVD COMMUNICATIONS, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF OCTOBER, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Harriot Smith Windsor, Secretary of State

AUTHENTICATION: 2851133

DATE: 01-06-04

3584488 8300

040006652