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FOREIGN LIMITED LIABILITY COMPANY

POLTEL, LLC

Certificate of Status	0
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.508, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

- 1. PolTel, LLC
(Name of foreign limited liability company)
- 2. ILLinois
(Jurisdiction under the law of which foreign limited liability company is organized)
- 3. 32-0071729
(FEI number, if applicable)
- 4. April 8, 2003
(Date of Organization)
- 5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
- 6. _____
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
- 7. 1701 S. Fairview; Park Ridge, IL 60068
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here

9. The name and usual business addresses of the managing members or managers are as follows:
See Attached

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Long Distance Provider and Internet Service Provider.

[Signature]
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
Marcin Malarsz
Typed or printed name of signee

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PolTel, LLC.

OFFICERS AND DIRECTORS

OFFICERS	TITLE	RESIDENTIAL	BUSINESS
Jan Malarz 15%	Vice President of Customer Relations	104 Imperial St. Park Ridge, IL 60068	505 Busse Highway Park Ridge, IL 60068
Mariusz Dolegiewicz 20%	President	1701 S. Fairview Park Ridge, IL 60068	505 Busse Highway Park Ridge, IL 60068
Robert Wilk 5%	Marketing Director	4548 Reserve Ave Chicago, IL 60656	505 Busse Highway Park Ridge, IL 60068
Roman Jurczenia 5%	Director of Sales	334 S. Prindle Arlington Heights, IL 60004	505 Busse Highway Park Ridge, IL 60068
Dorota Rzepka 3%	Director of Finance	210 Nicole Drive Unit E South Elgin, IL 60177	505 Busse Highway Park Ridge, IL 60068
Marcin Malarz 36%	CEO	6921 W. Jonquil Tr. Niles, IL 60714	505 Busse Highway Park Ridge, IL 60068

Contact Person at the Company

Lukasz Aniolowski
Tel: 847-292-4612
Fax: 847-292-4611

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To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

POLTEL, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 08, 2003, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE RELATING TO THE FILING OF THE ARTICLES AND PAYMENT, AND IS ORGANIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 24TH day of MAY A.D. 2004

Jesse White

SECRETARY OF STATE

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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:

PoTel, LLC

2. The name and the Florida street address of the registered agent and office are:

Capitol Corporate Services, Inc.

(Name)

1333 N Duval St.

Florida street address (P.O. Box NOT ACCEPTABLE)

Tallahassee

FL

32303

(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.

Barbara A. Kallayus, Asst. Sec.
(Signature)

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

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