# M04000003485

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 19, 2004

JOSEPH ISAACS 838 VILLAGE WAY, SUITE 1200 PALM HARBOR, FL 34683

SUBJECT: UNITYCOMM, LLC Ref. Number: W04000031614

We have received your document for UNITYCOMM, LLC and check(s) totaling \$78.75 of which \$78.75 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$46.25 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

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

Please return 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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 904A0005112

### TRANSMITTAL LETTER

**TO:** Registration Section Division of Corporations

SUBJECT: UnifyComm. (Name of Limited Idial)	LLC. bility Company)
The enclosed "Application by Foreign Limited Liability Conformation of Existence, and check are submitted liability company to transact business in Florida	• •
Please return all correspondence concerning this matter to	the following:
Joseph (Name of Pe	USAACS erson)
UNITY CAME, (Firm/Comp	CLC pany)
838 Villag	e Way
Palm Hav	bur Ma 34683 Zip Code)
For further information concerning this matter, please call:	Zer Os
(Name of Person) (An	rea Code & Daytime Telephone Number)  MAILING ADDRESS:  Registration Section
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	
Division of Corporations	Division of Corporations
409 E. Gaines Street Tallahassee, Florida 32399	P.O. Box 6327 Tallahassee, Florida 32314
1 4314114135555 1 171144 32577	A WALMANDOON, A TOTTOM DAD I 1
Enclosed is a check for the following amount:	
☐ \$125.00 Filing Fee \$\frac{1}{2}\$\$\$130.00 Filing Fee \$\frac{1}{2}\$\$\$\$130.00 Filing Fee \$\frac{1}{2}\$\$\$\$\$Certificate of Status	5.00 Filing Fee & \$\Bigsquare\$ \$160.00 Filing Fee, Certificate  Certified Copy of Status & Certified Copy

## 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.	(Name of Pereign Limited Liability Company)
2	Jurisdiction under the law of which foreign limited liability  (FEI number, if applicable)
(	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
1	2/10/2003 5 Derhatur
4.	2/10/2003 (Date of Organization)  5.   Devbetue   (Duration: Year limited liability company will cease to exist or "perpetual")
6.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
	(See sections \$08.501 & 608.502 F.S. to determine penalty liability)
7.	100 MAIN ST.
	Syracuse INDIANA 46567 (Street Address of Principal Office)
	(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:
	100 PIAN SI. 830 VIIIa C WAY
	Sylucuse, Indiana 40567 Pala Harbon, 61 346
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
	slation of the certificate under eath of the translator must be submitted.)
11	. Nature of business or purposes to be conducted or promoted in Florida: <u>telecommunication</u>
11.	
	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
	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.)
	Typed or printed name of signee
	-14 L

## 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:

	/		
2. The name and	the Florida street address of the registered agent and office are:		
	Joseph Isaacs		
	Soseph Isaacs (Name)  838 Village Way  Florida Street Address (P.O. Box NOT ACCEPTANCE)		
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		
	Palm Harbon FL 346	85	
	City/State/Zip		
liability company agent and agree relating to the pr	ned as registered agent and to accept service of process for the about at the place designated in this certificate, I hereby accept the appets to act in this capacity. I further agree to comply with the provision oper and complete performance of my duties, and I am familiar with position as registered agent as provided for in Chapter 608, Flori	ointment as registe is of all statutes th and accept the	red
	Xh	ALLAH SHOUS	

\$ 100.00 Filing Fee for Application

\$ 30.00 Certified Copy (optional)

\$ 25.00 Designation of Registered Agent

5.00 Certificate of Status (optional)

## STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

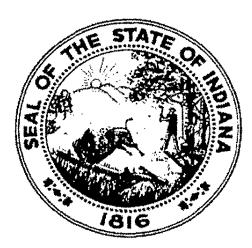
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

#### UNITYCOMM, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on February 10, 2003, and was in existence or authorized to transact business in the State of Indiana on August 02, 2004.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Second Day of August, 2004.

TODD ROKITA, Secretary of State

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