# M06000001632

(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:
Special instructions to Filing Onices.

Office Use Only



200067708022

03/17/06--01022--006 \*\*125.00

D6 MAR 17 PM 3: 51
SECULIATE SECULIATE

#### **COVER LETTER**

_	stration Section ion of Corporations	
SUBJECT:	Prepaid Direct Connect Retail, LLC	
	(Name of	Limited Liability Company)
Florida," Cer		Liability Company for Authorization to Transact Business in re submitted to register the above referenced foreign limited da
Please return	all correspondence concerning th	is matter to the following:
	Caroline Pays	
		(Name of Person)
	Nowalsky, Bronston and Gothard	
		(Firm/Company)
	3500 North Causeway Blvd., Suite 14	42
		(Address)
	Metairie, LA 70002	<u>-</u>
	(Cit	y/State and Zip Code)
For further ir	nformation concerning this matter	, please call:
Caro	oline Pays	at ( 504 ) 832-1984
-	(Name of Person)	(Area Code & Daytime Telephone Number)
MAI	LING ADDRESS:	STREET ADDRESS:
	ion of Corporations	Division of Corporations
	Box 6327	Clifton Building
Tallal	hassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
	a check for the following amount: 25.00 Filing Fee \$\Bigs\\$130.00 Filing Fe Certifica	ee & \$\Bigsim \mathbb{S}\frac{155.00}{1000} \text{ Filing Fee & \$\Bigsim \mathbb{S}\frac{160.00}{1000}  Filing Fee, Certificate of Status & 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:

Prepaid Direct Connect Retail, LLC	
(Name of Foreign Limited	d Liability Company)
Texas (Jurisdiction under the law of which foreign limited liability	3. 20-4201486 (FEI number, if applicable)
company is organized)	
4. 1/24/06	5. perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
upon application acceptance	,
(Date first transacted business in ) (See sections 608.501 & 608.502 F	S to determine negative liability)
7. 512 Lake Village Dr.	AND TARE
McKinney, TX 75071	17 R
(Street Addre	ess of Principal Office)
3. If limited liability company is a manager-manage	ed company, check here 🔽
. The name and usual business addresses of the ma	anaging members or managers are as follows:
Thomas Ong, 512 Lake Village Dr., McKinney, TX 7507	71
Timothy Schafer, 1459 White Pole Road, Adair, IA 5000	02
· · · · · · · · · · · · · · · · · · ·	90 days old, duly authenticated by the official having custody of recor copy is not acceptable. If the certificate is in a foreign language, a abmitted.)
1. Nature of business or purposes to be conducted	or promoted in Florida:
sale of telecommunication services	
u	
(In accordance with section 608.408(3)	authorized representative of a member. ), F.S., the execution of this document constitutes erjury that the facts stated herein are true.)
<u>Thomas Ong</u>	
Typed or print	ed 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:	
Prepaid Direct	Connect Retail, LLC		
2. The name	and the Florida street ad	ldress of the registered agent and office are:	O6 MAR I SECKLIA TALLAHA
	Corporation Service Con	npany	R FI
		(Name)	7 PA
	1201 Hays Street		M 3: 5
	Florida Stre	eet Address (P.O. Box NOT ACCEPTABLE)	ODA TE
	Tallahassee	FL 32301	
		City/State/Zip	-
liability comp agent and agr relating to the obligations of	any at the place designate ree to act in this capacity. reproper and complete per my position as registered	t and to accept service of process for the above s. ed in this certificate, I hereby accept the appoints. I further agree to comply with the provisions of formance of my duties, and I am familiar with an I agent as provided for in Chapter 608, Florida S	ment as registered `all statutes nd accept the

(Signature)

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

## 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.

FLORIDA.						
1. The name of	of the Limited Liability	Company is:				
Prepaid Direct C	Connect Retail, LLC		<del></del> -			<del>- 72</del>
2. The name a	and the Florida street ad	dress of the registered agent and office	are:			
	Corporation Service Company					
	1201 Hays Street	(Name)	<u> </u>	SECALI	06 MAR	~-1
Florida Street Address (P.O. Box NOT ACCEPTABLE)		<u> </u>	ASSEE, I	17 PM		
	Tallahassee	32301		<u> ريا</u>	ယ	

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, Florida Statutes.

City/State/Zip

Corporation Service Company

By:

(Signature)
Carol Dolor, Assistant Vice President

\$ 100.00 Filing Fee for Application\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Roger Williams Secretary of State

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



#### Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Prepaid Direct Connect Retail, LLC (filing number: 800602646), a Domestic Limited Liability Company (LLC), was filed in this office on January 24, 2006.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 28, 2006.



Phone: (512) 463-5555

Prepared by: SOS-WEB

ger Minims Roger Williams Secretary of State

TTY: 7-1-1 Document: 118991900003