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#### COVER LETTER

_	stration Section ion of Corporations	<del></del>	-	
SUBJECT:	AllSource Telecom, LLC (Name of Lin	nited Liability Company)		
Florida," Cer		ability Company for Authorization to Transa- ubmitted to register the above referenced for		
Please return all correspondence concerning this matter to the following:				
	Sheila C. Kyle			
	(Na	ame of Person)		
	AliSource Telecom, LLC	<u>-</u>		
	(Fi	rm/Company)		
	5225 Emco Drive		ECAPA LAPA	
		(Address)	18 6 B	
	Indianapolis, IN 46220		OG SEP 26 AM II: 2	
	(City/Si	tate and Zip Code)	₩ 12	
For further in	nformation concerning this matter, ple	ease call:		
Shei	la C. Kyle	at (_317) 202-3000 ext. 2023		
	(Name of Person)	(Area Code & Daytime Telephone Nur	nber)	
Divisi P.O. I	LING ADDRESS: ion of Corporations Box 6327 hassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a check for the following amount:  \$\Begin{array}{cccccccccccccccccccccccccccccccccccc				

### 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 AllSource Telecom, LLC (Name of Foreign Limited Liability Company) 2. Indiana (Jurisdiction under the law of which foreign limited liability ( FEI number, if applicable) company is organized) 3/16/2046 3/16/2001 (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) (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 Jon Satterthwaite - 5225 Emco Drive Indianapolis, IN 46220 Paul Satterthwaite - 5225 Emco Drive Indianapolis, IN 46220 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: Telecommunications 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

## 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:	
AllSource Telecom, LLC		
2. The name and the Florida street add	dress of the registered agent and office a	re:
Sheila C. Kyle		7 0
	(Name)	O6 SE SECH PALLA
3620 Colonial Blv		SEP 26
Florida Stre	et Address (P.O. Box NOT ACCEPTABLE)	SEE ALC
Ft. Myers	FL 33912	STATE LORIDA
	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, Florida Statutes.

(Signature)

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

§ 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

#### ALLSOURCE TELECOM, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on March 16, 2001, and was in existence or authorized to transact business in the State of Indiana on September 20, 2006.

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 Twentieth Day of September, 2006.

TODD ROKITA, Secretary of State

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