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WO DL.

COVER LETTER

TO: Registration Section Division of Corporations

The enclosed "Application by Foreign Limited Florida," Certificate of Existence, and check ar liability company to transact business in Florid	Liability Company for Authorization to Transacte submitted to register the above referenced foreas.	t Busine eign limit	ss in ed
Please return all correspondence concerning the	is matter to the following:		
Trie	Name of Person)	_	
WT:	T LLC (Firm/Company)		
22722 29	hDr. SE, #120 (Address)		
Bothell, 1	y/State and Zip Code)	201 1 St	
For further information concerning this matter,	, please call:		رو م مراجع
Tricha Small (Name of Person)	at (425) 948 - 0089 (Area Code & Daytime Telephone Num	nber):	a g f
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	2: 51	" one of
Enclosed is a check for the following amount: \$\Bigsim \mathbb{\text{\$125.00 Filing Fee}} \Bigsim \mathbb{\text{\$\$130.00 Filing Fee}} \text{Certification}\$		e, Certificat & Certified	

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 Foreign Limited Liability Company)
2. Uash 1940 State 3. 20-0624425 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 7 Date of Organization) 5. Tempetua (Duration: Year limited liability company will cease to exist or "perpetual")
6. Objective transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 22722 29th Dr. SE, Ste 120 Bothell, WA 98021
(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: Robert Manning, Gary Keister, Marcos Melendez 22722 29th DR 38, Suite 120 Bothell, WA 98021-4448
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:
tele communications
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
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.

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

\$ 100.00

\$ 25.00

\$ 30.00

5.00

1. The name of the Limited Liability Company is:

NRAI Services, Inc		
2731 Executive Park Drive Stell Florida Street Address (P.O. Box NOT ACCEPTABLE)		
Weston FL 3333		
Having been named as registered agent and to accept service of process for the above stated line liability company at the place designated in this certificate, I hereby accept the appointment as agent and agree to act in this capacity. I further agree to comply with the provisions of all state relating to the proper and complete performance of my duties, and I am familiar with and accept obligations of my position as registered agent as provided for in Chapter 608, Florida Stantes. Lisa Roeves, Assistant Secretary (Signature)	registered ıtes	

Filing Fee for Application

Certified Copy (optional)
Certificate of Status (optional)

Designation of Registered Agent



Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

WTI, L.L.C.

I FURTHER CERTIFY that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 2/1/2004.

I FURTHER CERTIFY that as of the date of this certificate, WTI, L.L.C. remains active and has complied with the filing requirements of this office.

Date: May 2, 2007

UBI: 602-360-165



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State