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SECRETARY OF STATE
ALLASSEF FLORID

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: nsoro, LLC				
(Name of Limited Liability Company)				
	bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited			
Please return all correspondence concerning this ma	atter to the following:			
Sharlayne Prevost				
(Name of Person)				
nsoro, LLC				
(Firm/Company)				
1001 McKinney St. Suite 17	730			
(Address)				
Houston, TX 77002				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Charley van Duray and	740 044 0777			
Sharlayne Prevost	at (713) 244-2777			
(Name of Person)	(Area Code & Daytime Telephone Number)			
MAILING ADDRESS:	STREET ADDRESS:			
Division of Corporations	Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle			
rananassee, FL 32314	Tallahassee, FL 32301			
Enclosed is a check for the following amount: \$\Bigsim \frac{1}{2}\$125.00 \text{ Filing Fee} \Bigsim \frac{1}{2}\$130.00 \text{ Filing Fee & Dertificate of Status} \Bigsim \text{Certified Copy} \text{ of Status & Certified Copy} \] \$\Bigsim \frac{1}{2}\$155.00 \text{ Filing Fee & Description of Status & Certified Copy} \Bigsim \text{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: յ nsoro, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") Georgia (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 4 7/24/2003 Perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") Upon Filing (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 2500 Cumberland Pkwy, Suite 100, Atlanta, GA 30339 (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: Darrell J. Mays, 2500 Cumberland Pkwy, Ste 100 Atlanta, GA 30339 Glinis E. Mays, 2500 Cumberland Pkwy, Ste 100 Atlanta, GA 30339 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.) Telecommunications 11. Nature of business or purposes to be conducted or promoted in Florida: solutions provider

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.)

Darrell J. Mays

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.

nsoro, LL(
If name unava	ailable, the alternate name to be used in the state of Florida is:	
2 74		
2. The name	and the Florida street address of the registered agent and office are:	d. n. O.
	Mac Dennis	7世下
	(Name)	24 H
	597 NE 40 Street	SEE SEE
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	FLO SIR
	Pompano Beach FL 33064	RIDA
	City/State/Zip	
liability compo	named as registered agent and to accept service of process for the above stat any at the place designated in this certificate, I hereby accept the appointment	nt as registered

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.

Mac () Lhus______ (Signature)

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

Control No. 0341117

STATE OF GEORGIA

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

NSORO, LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 07/24/2003 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 23rd day of July, 2007

Karen C Handel Secretary of State

Kaun CHandel

Certification Number: 1542158-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp