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PICK-UP WAIT MAIL
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1NET CYBER LLC (Name of Limited Liability Company)
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
KENNEDY ABBULAI SAAKA (Name of Person)
INET CYBER LLC (Firm/Company)
2925 HEADLAND DR STE Z-1 (Address)
ATLANTA GA 30344 (City/State and Zip Code)
For further information concerning this matter, please call:
Ruth Cotten at (561) 967 3922 (Name of Person) (Area Code & Daytime Telephone Number)
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
Enclosed is a check for the following amount: \$\Bigsim \frac{1}{2}\$125.00 Filing Fee \(\bigsim \frac{1}{2}\$130.00 Filing Fee \(\bigsim \bigsim \frac{1}{2}\$155.00 Filing Fee \(\bigsim \bigsim \frac{1}{2}\$160.00 Filing Fee, Certificate Copy Certificate of Status Certified Copy Of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2007

KENNEDY ABDULAI SAAKA INET CYBER LLC 2925 HEADLAND DR - STE Z-1 ATLANTA, GA 30344

SUBJECT: INET CYBER LLC Ref. Number: W07000044833

We have received your document for INET CYBER LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$2,100.00.

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) 245-6855.

Tammy Hampton Document Specialist

Letter Number: 707A00053807

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:
INFT CYRER IIC
1. NET CYBER LL C (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.")
2. GEORGIA (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)
4. 4-28-2000 (Date of Organization) 5. PERFEVAL (Duration: Year limited liability company will cease to exist or "perpetual")
6. 02-11:- 2007 (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 705 LORI DRIVE SPRINGS FL 33461 F. (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:
RUTH COHEN - 705 LORI DR PALM SPRINGS
RUTH COHEN - 705 LORI DR PALM SPRINGS ABBULAI K. SAAKA - 2925 HEADLAND DR ATL GA 30344
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: <u>TELECONIMUNICATION</u>
- PHONE, INTERNET & TELEVISION
Ruft COHEN
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.)
Ruth Cotten Typed or printed name of signee
Typed or printed name of signer

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.

INET CNBER LLC If name unavailable, the alternate name to be used in the state of Florida is: 2. The name and the Florida street address of the registered agent and office are: RUTH COHEN (Name) Florida Street Address (P.O. Box NOT ACCEPTABLE)	The name of the	he Limited Liability	y Company is:			
2. The name and the Florida street address of the registered agent and office are: Ruth Cotten (Name) 755 Lori DR Florida Street Address (P.O. Box NOT ACCEPTABLE)	INE-	T CY	3ER	LLC		
RUTH COHEN (Name) 705 LORI DR Florida Street Address (P.O. Box NOT ACCEPTABLE)	name unavailabl	ole, the alternate na	me to be used in the	state of Florida is:		
(Name) 705 LORI DR Florida Street Address (P.O. Box NOT ACCEPTABLE)	The name and t	the Florida street a	ddress of the register	red agent and office are:		
Florida Street Address (P.O. Box NOT ACCEPTABLE)	_	Ruth)	07 1	22.50
P	—			NOT ACCEPTABLE)	<u>۔۔۔</u> ٤	
VALM SPRINGFL 33461 F. City/State/Zip G	_	PALM	SPRINGSFL	33461	PH 4: 05	ORPORATIONS

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.

Rui	H (Co Hew
		(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. 0020170

STATE OF GEORGIA

Secretary of State

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

CERTIFICATE OF EXISTENCE

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

INET CYBER, LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 04/28/2000 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 31st day of July, 2007

Karen C Handel Secretary of State

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Certification Number: 1556463-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp