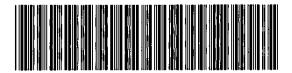
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EXAMINER





CT 1203 Governors Square Blvd. Tallahassee, FL 32301-2960 850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

ORFER SEE. FLORIDA

February 5, 2008

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 7143118 SO

Customer Reference 1: none given

Customer Reference 2:

Dear Department of State, Florida:

Please file the attached:

NEXUSTEL LLC (DE) Registration Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to the attention of the undersigned.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jennifer Murphy
Fulfillment Specialist

jennifer.murphy@wolterskluwer.com

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; 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. De 19 wore (Jurisdiction under the law of which foreign limited liability company is organized) 3. 26-180276 (FEI number, if applicable)					
4. <u>January</u> 22 2008 (Date of Organization) 5. <u>Perpetual</u> (Duration: Year limited liability company withcease to exist or "perpetual")					
6. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)					
7. 9100 S. Dadeland Blvd. Suite 1500 Fig. 1. Miom: FL 33156 (Street Address of Principal Office)					
(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: (USSORO AC 97UISHION GROUP LLC					
Cussora Acquisition Group LLC 175 Conal Landing Blvcl. Rochester NY 14676					
Rochester NY 19676					
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 of an authorized representative of a member. (In accordance with section 608.498(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Anthony 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.

NEXUSTEL*	PI.I.C			•		
NEKOGFEE			*			
2. The name and the Fl	orida street address of	the registe	ered agent and	office are:		
		•				
	CT Corporat	ion Syst	tem			
(Name)						
		•				
· 	1200 South Pine Island Road					
	Florida street addre	ss (P.O. Box	NOT ACCEPTAB	LE)	_	
· <u></u>	Plantation	FL	33324			
	(Cit	ty/State/Zip)		•		
				Ą		
Having been named as a liability company at the registered agent and ag statutes relating to the paccept the obligations of	place designated in th ree to act in this capac proper and complete p	is certifica city. I furth erformance	ite, I hereby acc her agree to con e of my duties, a	cept the appoi mply with the and I am fami	ntment as provisions of all liar with and	
Comie	Buyan					
Connie Bryan, Spec	rial Asst. Secu.			•	•	
or briani beco	·				•	
	\$ 100.00	_	e for Applicat			
	\$ 25.00		tion of Registe			
	\$ 30.00	Cermiec	d Copy (option	iai)	•	

Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEXUSTEL LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF JANUARY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4490662 8300

080105469

You may verify this certificate online at corp.delaware.gov/authver.shtml

Darnet Smith Handson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6352235

DATE: 01-31-08