M08000004832

| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| . PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| , | | | |
| | | | |

Office Use Only

G. MCLEOD

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EXAMINER



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SECRETARY OF STATE
DIVISION OF COFFORATION



ATTORNEYS AND COUNSELORS AT LAW.

Molly C. McCann, Paralegal Direct Dial (617) 556-3821 Direct Fax (617) 556-3889 Email: mmccann@richmaylaw.com

October 30, 2008

By Federal Express
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Filing of Application for Authorization to Transact Business for eVox

Communications, LLC

Filing of Application for Authorization to Transact Business for eVox Mobile,

LLC

To Whom It May Concern:

Enclosed please find two (2) <u>Applications for Authorization to Transact Business</u>, one for eVox Communications, LLC and one for eVox Mobile, LLC, to be filed in Florida. I have included a Certificate of Good Standing for both companies, as well as two separate checks in the amount of \$125 each to cover the filing fees. For the avoidance of doubt, these are <u>two separate</u> applications. Please return the evidence of filing for both eVox Mobile, LLC and eVox Communications, LLC to me at the below address:

Molly McCann Rich May, a Professional Corporation 176 Federal Street, 6th Floor Boston, MA 02110

Please feel free to contact me should you require any further information regarding this matter.

Regards,

Molley C Melsen

Molly C. McCann



COVER LETTER

| Division of Corporations | | | | | |
|--|--|--|--|--|--|
| SUBJECT: eVox Mobile, LLC | | | | | |
| (Name of I | Limited Liability Company) | | | | |
| 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 Transact Business in resubmitted to register the above referenced foreign limited a | | | | |
| Please return all correspondence concerning th | is matter to the following: | | | | |
| Molly McCann | | | | | |
| | (Name of Person) | | | | |
| Rich May, A Professional Corporation | | | | | |
| | (Firm/Company) | | | | |
| 176 Federal Street, 6th | Floor | | | | |
| | (Address) | | | | |
| Boston, MA 02110 | | | | | |
| (City | y/State and Zip Code) | | | | |
| For further information concerning this matter. | . please call: | | | | |
| Molly McCann | at (617) 556-3821 | | | | |
| (Name of Person) | (Area Code & Daytime Telephone Number) | | | | |
| MAILING ADDRESS: | STREET ADDRESS: | | | | |
| Division of Corporations | Division of Corporations | | | | |
| P.O. Box 6327 | Clifton Building | | | | |
| Tallahassee, FL 32314 | 2661 Executive Center Circle Tallahassee, FL 32301 | | | | |
| Enclosed is a check for the following amount: []\$125.00 Filing Fee | te & \$\sum_\$155.00 Filing Fee & \$\sum_\$160.00 Filing Fee, Certificate at the of Status & Certified Copy of 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:

| _{I.} eVox Mobile, LLC | | | | |
|---|---------------|--|-------------|--------|
| (Name of Foreign Limited Liability Company; must inc | lude | "Limited Liability Company," "L.L.C.," or "LLC.") | | |
| (If name unavailable, enter alternate name adopted for the purp consent of the managers or managing members adopting the alt Company, "L.L.C.," "LLC.") | ose | of transacting business in Florida and attach a copy of ate name. The alternate name must include "Limited L | f the writ | tten |
| _{2.} Delaware | 3. | 26-3553650 | | |
| (Jurisdiction under the law of which foreign limited liability company is organized) | ٠. | (FEI number, if applicable) | | |
| 4. October 16, 2008 | 5. | Perpetual | | |
| (Date of Organization) | | (Duration: Year limited liability company will cease exist or "perpetual") | ÷ 10 | |
| 6. (Date first transacted business in F (See sections 608.501 & 608.502 F. | lori S. to | da, if prior to registration.) o determine penalty liability) | <u> </u> | |
| 7. 30 Dane Street, Somerville, MA 021 | 43 | | | 0 |
| | | | 80 | DIVISI |
| (Street Addres | s of | Principal Office) | 08 QCT 31 | 3E |
| 8. If limited liability company is a manager-manage | d c | ompany, check here 🗸 | | |
| 9. The name and usual business addresses of the ma | nag | ing members or managers are as follows: | PH | 82 |
| David F. Callan- 30 Dane Street, So | m | erville, MA 02143 | | |
| Michael R. Brown- 30 Dane Street, S | So | merville, MA 02143 | | 3.0 |
| Shawn M. Lewis- 30 Dane Street, S | on | nerville, MA 02143 | | |
| 10. Attached is an original certificate of existence, no more than 90 the jurisdiction under the law of which it is organized. (A photocotranslation of the certificate under eath of the translator must be sull | ру і | s not acceptable. If the certificate is in a foreign language | | sin |
| 11. Nature of business or purposes to be conducted of | or p | promoted in Florida: | | |
| Act as a commercial mobile radio se | rvi | ce | | |
| | | | | |
| | | orized representative of a member. | | |
| (In accordance with section 608.408(3), an affirmation under the penalties of pe | | , the execution of this document constitutes that the facts stated herein are true.) | | |
| David F. Callan, duly | ลม | thorized | | |

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: |
|---|
| eVox Mobile, 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: |
| Corporation Service Company |
| (Name) |
| 1201 Hays Street |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) |
| Tallahassee FL 32301 |
| 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 |
| \$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent |
| \$ 30.00 Certified Copy (optional) |
| \$ 5.00 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 "EVOX MOBILE, 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 SEVENTEENTH DAY OF OCTOBER, A.D. 2008.

4612872 8300

081044521

Warriet Smith Windsor, Secretary of State

AUTHENTICATION: 6916267

DATE: 10-17-08

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