# M0800005385

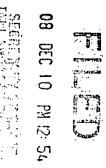
| (Requestor's Name)                      |  |  |  |
|---|--|--|--|
| (Address)                               |  |  |  |
| (Address)                               |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
| (Business Entity Name)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



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S. HAWKES

DEC 1 22 (1)

EXAMINER

### **COVER LETTER**

|                           | stration Section<br>sion of Corporations  |  |  |  |
|---------------------------|---|--|--|--|
| SUBJECT:                  | WW VOIP, LLC  |  |  |  |
|                           | (Name of Limited Liability Company)   |  |  |  |
| Florida," Cer             | d "Application by Foreign Limited Liability Company for Authorization to Transact Business in rtificate of Existence, and check are submitted to register the above referenced foreign limited pany to transact business in Florida |  |  |  |
| Please return             | all correspondence concerning this matter to the following:   |  |  |  |
|                           | MELISSA BRADSHAW  |  |  |  |
|                           | (Name of Person)  |  |  |  |
|                           | B2B CREDIT  |  |  |  |
|                           | (Firm/Company)  |  |  |  |
| 1852 WEST 11TH ST # 636   |   |  |  |  |
|                           | (Address)   |  |  |  |
|                           | TRACY, CA 95376   |  |  |  |
| (City/State and Zip Code) |   |  |  |  |
| For further in            | formation concerning this matter, please call:  |  |  |  |
| MEL                       | ISSA BRADSHAW at ( 702 ) 885-4829   |  |  |  |
|                           | (Name of Person) (Area Code & Daytime Telephone Number)   |  |  |  |
| Divisi<br>P.O. E          | LING ADDRESS:  ion of Corporations  Box 6327  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301   |  |  |  |
| Enclosed is a  []\$125    | check for the following amount:  5.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & Bigcup \Bigcup \\$160.00 Filing Fee, Certificate  Certificate of Status Certified Copy of Status & Certified Copy                                 |  |  |  |

Thomas Lawson

To:17024878876

Page:1/2

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT RESIDENS IN THE STATE OF FLORIDA:

| I. WW VOIP, LLC   |   |            |  |  |  |
|---|---|------------|--|--|--|
| (Name of Foreign Limited Liability Company; must include  | e "Limited Liability Company," "L.L.C.," or "L                    | LC.")      |  |  |  |
| (If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C.," "LLC.")  |   |            |  |  |  |
| 2. NEVADA  (Jurisdiction under the law of which foreign limited liability company is organized)  3.   | (FEI number, if applicable)                                       |            |  |  |  |
|   | PERPETUAL   |            |  |  |  |
| (Date of Organization)  | (Duration: Year limited liability company wiexist or "perpetual") |            |  |  |  |
| 6 UPON FILING   | मिन क्षेत्र<br>सुन क  |            |  |  |  |
| (Date first transacted business in Flori<br>(See sections 608.501 & 608.502 F.S. to   | da, if prior to registration.)                                    |            |  |  |  |
| 7. 11216 TAMIAMI TRL N NUM 512  | # 1 / 1 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /                         | 5 mars     |  |  |  |
| NAPLES, FL 34110  |   | 2          |  |  |  |
| (Street Address of  | Principal Office)   | CO Company |  |  |  |
| 8. If limited liability company is a manager-managed company  | ompany, check here  | 27         |  |  |  |
| 9. The name and usual business addresses of the manag   | ging members or managers are as follow                            | rs:        |  |  |  |
| 11216 TAMIAMI TRL N NUM 512   |   |            |  |  |  |
| NAPLES, FL 34110  |   |            |  |  |  |
| TATE LEGIT LEGIT TO   |   |            |  |  |  |
| 10. Attached is an original certificate of existence, no more than 90 day the jurisdiction under the law of which it is organized. (A photocopy is translation of the certificate under oath of the translator must be submit | snot acceptable. If the certificate is in a foreign la            |            |  |  |  |
| 11. Nature of business or purposes to be conducted or p   | promoted in Florida:  |            |  |  |  |
| BUSINESS CONSULTING  Signature of a member or an auth (In accordance with section 608.408(3), F.S.  | orized representative of a member.                                | ,          |  |  |  |
| an affirmation under the penalties of perjury THOMAS A LAWSON   | v that the facts stated herein are true.)                         |            |  |  |  |

Typed or printed name of signee

DEC-02-2008 09:48 From:

To: 17224878876

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#### 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:                                   |              |
|--|--------------|
| WW VOIP, LLC   |              |
| If name unavailable, the alternate name to be used in the state of Florida is:     | 8 000        |
| 2. The name and the Florida street address of the registered agent and office are: | PH 12        |
| THOMAS A LAWSON  | ू जू         |
| (Name)   | •            |
| 11216 TAMIAMI TRAIL N NUM 512  |              |
| Florida Street Address (P.O. Box NOT ACCEPTABLE)                                   | <del>-</del> |
| NAPLES, FL 34110   | _            |
|  |              |

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.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

5.00 Certificate of Status (optional)

SECRETARY OF STATE





## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **WW VOIP**, **LLC**., as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since November 29, 2006, and is in good standing in this state.

Electronic Certificate
Certificate Number: C20081206-0017
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on December 6, 2008.

ROSS MILLER Secretary of State