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DIVISION OF CURPORATIONS

97 MAR 28 PH 12: 48

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March 17, 1997

Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

300002127413---6 -03/28/97--01039--081 \*\*\*\*140.00 \*\*\*\*140.00

Re: Certificate of Authority for Nations Telecom, LLC

Dear Sir/Madam:

Enclosures

cc:

In connection with the above-referenced matter, enclosed please find the following documents:

- 1. One original and one copy of the Application for Certificate of Authority of a Foreign Limited Liability Company;
- 2. One Certificate of Existence issued by the New York Department of State; and
- 3. A check in the amount of \$140.00 payable to the Florida Department of State in payment of the filing fee and the issuance of the Certificate of Authority.

If you have any questions regarding this filing or the enclosed documents, or if you require additional information, please contact me.

Name
Availability

Document
Examiner

WMM

Updater

Mr. Zalmen Ashveriyer

KWM

Acknowledgement

W. P. Verifyer

KWM

Sincerely,

Lynn Burlingame Paralegal

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AU-THORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER AFOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Nations Telecom, LLC			
		e words "limited company" or their abb ote: L.L.C. Is not an acceptable suffix i	
L.C. If flot so contained in the name	at present. Flease N	OB: L.L.C. IS NOT all acceptable Sullix	in Fightal
2. New York		<b>3</b> . 11-3325734	
(Jurisdiction under the law of which for company is organized)	oreign limited liability		)
4. 05/29/96	5. perpe		
(Date of Organization)	(Duration: or "perp	Year limited liability company will cease	se to exist
L Upon Qualification			ISION 1 NA
(Date first transacted business in F	orida. (See sections 608.	501, 603.502, and 817.155, F.S.)	CRETARY SION OF C
			ارت
7. 1301 51st Street	<del></del>		OF STATE RPORATION PM 12: 48
Brooklyn, NY 11219			St. P.S.
(Street ad	dress of principal office	ce)	w is
B) List and indicate in title space p	rovided the name.	title, and business address ofea	ch managin
<pre>/member[MGRM] or manager[N</pre>	/IGR]. It is not ned	cessary to list members.	
(attach additional page if necessary)			
NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
Zalmen Ashkenazi	MCo President		
1301 51st Street			
Brooklyn, NY 11219			
Kohn Holding Corp.	MCRM		
	<u></u>		
c/o Silverberg, Stonehi			
	TT &		
Goldsmith, PC	TT Ø		
Goldsmith, PC ATTN: Harvey Haber	II &		
	II &		

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a	member of <u>Nations</u>				
Telecom, LLC	deposes and says:				
1) the above named limited liability company has at least two	o members				
2) the total amount of cash contributed by the member(s) is	\$ 401,000 .				
3) if any, the agreed value of property other than cash contr \$ A description of the property is	ibuted by member(s) is attached and made a part hereto.				
4) the total amount of cash or property anticipated to be contributed by member(s) is \$ 401,000 . This total includes amounts from 2 and 3 above.					
Signature of a member or authorized repres (In accordance with section 608, 408(3), Florida Statutes, constitutes an affirmation under the panalties of perjury tha	the execution of this affidavit				

Filing Fee: \$ 52.50 for Affidavit

### 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, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Natio	ons Telecom, LL	С
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	1 13 (1)	
	.i	
2. The name and address of the registered agent and of	office is:	
C T Corporation System		
(Name)		_
1200 South Pine Island Road		
(P.O. Box or Mail Drop Box No	I acceptable)	
Plantation, Florida 33324	هيو ۽	
(City/State/Zip)		-
•		
		•
Having been named as registered agent and to accept s limited liability company at the place designated in this ment as registered agent and agree to act in this capaci provisions of all statutes relating to the proper and comp am familiar with and accept the obligations of my position	certificate, I hereby ity. I further agree to plete performance o	accept the appoint comply with the f my duties, and I
Mary R. adams	3/27/97	
(Signature)	. (Date)	
Mary R. Adams, Assistant Secretary		

Filing Fee: \$ 35 for Designation of Registered Agent

# State of New York Department of State | ss:

I hereby certify, that NATIONS TELECOM LLC a NEW YORK limited liability company filed a Certificate of Articles of Organization pursuant to section 203 of the Limited Liability Company Law on 05/29/1996, and that the limited liability company is subsisting so far as shown by the records of the Department.

A Certificate of Affadavit of Publication of of NATIONS TELECOM LLC was filed on C2/10/1997.

A Certificate of Affadavit of Publication of of NATIONS TELECOM LLC was filed on 02/10/1997.

The limited liability company has filed proofs of publication under section 206 (c) of the Limited Liability Company Law.

OF Nylityess my hand and the official seal of the Department of State at the City of Albany, this 12th day of March seven.

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