FILE REQUEST

July 1, 1998



Registrat	ion Section	
	of Corporations	6000025793260
	ines Street	77/02/9801070008 ****285.00 ****285.00
Tallahass	see, FL 32399	
Type of I	Filing:	Foreign Registration
Subject:		Network Billing Systems, L.L.C.
Form(s)	Enclosed:	Application by Foreign Limited Liability Company
1		for Authorization to Transact Business in Florida
	<u>le</u>	Affidavit of Membership and Contributions of Foreign Limited Liability Company
		Certificate of Designation of Registered
		Agent/Registered Office
		State of the state
Support	ing Document(s):	New Jersey Good Standing
Check(s) Enclosed:	Check No. 3134 - \$285.00
		Federal Express - Airbill and Envelope Enclosed
Return \	/Ia:	Herewith
		netamu
Filing W	ethod:	Expedited if possible
Name 7/7/99 Availability dcc	b .	Tina Leland
Document		and the second s
Examiner	uc.	. I have
A John Di	DCC	Tine Laland
Updater Please	e return to:	_
Updater	DCC	Unisearch, Inc.
Verifyer		101 Capitol Way N., Suite 202
Actino adgement	DCC	Olympia, WA 98501-1077
	Torrest Assess	800-722-0708
W. P. Verifyer	DCC	

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

	A LEAT 1	32101 B081112					
IN COMPLIAN LIMITED LIAB	NCE WITH SECTION 608.503, FLOR BILITY COMPANY TO TRANSACT BU	IDA STATUTES, TI SINESS IN THE STA	HE FOLLOWING IS SUBMITTED TO RE ATE OF FLORIDA:	GISTER A FOREIGN			
(Name of fo	k Billing Systems, L.L.C oreign limited liability company m ed in the name at present.)	ust end with the we	ords "limited company" or their abbrev	ation "L.C." if not			
company is	ersey on under the law of which foreign li s organized)		22-3590994 (FEI number, if applica	ble)			
4. <u>May 12</u>	(Date of Organization)		December 31, 2047 (Duration: Year limited liability compaexist or "perpetual")	ny will cease to			
6. Upon 1	registration (Date first transacted business	in Florida. (See se	ections 608.501, 608.502, and 817.155,	EST S			
7. <u>155 W</u>	illowbrook_Boulevard						
Wayne, NJ 07470 (Street address of principal office) 8. List name, title, and business address of each managing member[MGRM] or manager[MGRM] who will manage the foreign limited liability company in Florida: (attach additional page if necessary)							
	NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:			
	155 Willowbrook Blvd.		3751 One San Jose Place,	Suite 15			
	Wayne, NJ 07470		Jacksonville, FL 32257	<u> 1</u> 2%			
	Jonathan Kaufman	Manager	Jack Quinn	<u>Manager</u>			
	155 Willowbrook Blvd.		155 Willowbrook Blvd.	e. Cartus Company			
	Wayne, NJ 07470		Wayne, NJ 07470	en e			
				e gran a series de la companya del companya de la companya del companya de la com			

^{9.} Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state 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.)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned	member or authorized	I representative of a member of	Network Billing
Systems, L.L	.c.	certifies:	
1) the above nam	ned limited liability co	mpany has at least two members	;
2) the total amou	int of cash contributed	by the member(s) is	\$ 10,000.
 3) if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.) and 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is (This total includes amounts from 2 and 3 above.) 			CRETA
	(In accordance with sect affidavit constitutes an a stated herein are true.)	per or an authorized representation 608,408(3), Florida Statutes, the exfirmation under the penalties of perjur	itive of a member.
Joi	nathan Kaufman, Man		
		Typed or printed name osignee	

Filing Fee: \$250.00 for Application and Affidavit

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

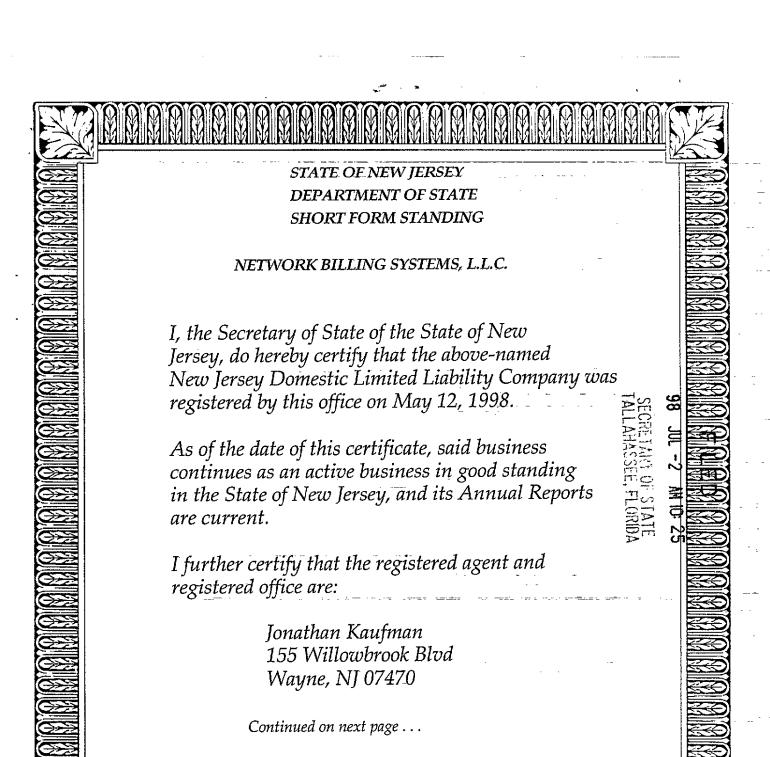
1. The name of	f the Limited Liability Company is:		
Network Bil	ling Systems, L.L.C.		
2. The name a	NRAI Services, Inc. (Name) 526 E. Park Avenue Florida street address (P.O. Box NOT ACCEPTABLE) Tallahassee FL 32301		FILED
-	City/State/Zip	_	
liability compan	med as registered agent and to accept service of process for the above sta y at the place designated in this certificate, I hereby accept the appointme to act in this capacity. I further agree to comply with the provisions of a	ent as regis	-

Tina Leland (Signature) Assistant Secretary for NRAI Services, Inc.

obligations of my position as registered agent.

Filing Fee: \$ 35 for Designation of Registered Agent

relating to the proper and complete performance of my duties, and I am familiar with and accept the





STATE OF NEW JERSEY
DEPARTMENT OF STATE
SHORT FORM STANDING

NETWORK BILLING SYSTEMS, L.L.C.



IN TESTIMONY WHEREOF, I have

hereunto set my hand and

affixed my Official Seal

at Trenton, this

26th day of June, 1998

Home K Hooly

LONNA R HOOKS
Secretary of State