

CORPORATION INFORMATION  
SERVICES, INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32310  
904-222-9171  
904-222-0391 FAX

800-342-8086

**CSO networks**

MAIL TO:  
P.O. Box 5020  
TALLAHASSEE, FL 32314

ACCOUNT NO. : 072100000032

REFERENCE : 542111 03763A

AUTHORIZATION :

COST LIMIT : 0 PPD

ORDER DATE : February 13, 1995

ORDER TIME : 9:01 AM

ORDER NO. : 542111

CUSTOMER NO: 03763A

CUSTOMER: Elliot C. Abbott, Esq  
CARLOS & ABBOTT, PA

Suite 1150  
999 Ponce De Leon Boulevard  
Coral Gables, FL 33134

000001404670  
02/13/95-01067-006  
\*\*\*\*122.50 \*\*\*\*122.50

**RUSH WILL WAIT**

DOMESTIC FILING

P95000011973

NAME: MASTEC TELEPORT, INC.

**RUSH WILL WAIT**

XX ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Danny G. Smith

EXAMINER'S INITIALS:

*DM*

2-13-95  
02/A

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95 FEB 13 PM 12:02  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

ARTICLES OF INCORPORATION

The undersigned, acting as incorporator of a corporation, under the Florida General Corporation Act, adopts the following Articles of Incorporation for such Corporation:

1. The name of the Corporation is:

MasTec Teleport, Inc.

2. The mailing address for the corporation shall be 8600 N.W. 36 Street, Miami, Florida 33166.

3. The period of its duration is perpetual.

4. The purpose is to engage in activities or business permitted under the laws of the United States and Florida.

5. The corporation shall have authority to issue 5,000 shares, all of one class, \$1.00 par value.

6. The address of its initial registered office is 999 Ponce De Leon Blvd., Suite 1150, Coral Gables, Florida, 33134, and the name of its initial registered agent at said address is Eliot C. Abbott.

7. The number of directors constituting its initial board of directors is one (1) whose name and address is:

NAME

ADDRESS

Jorge Mas

8600 N.W. 36 Street  
8th Floor  
Miami, Florida 33166

8. The name and address of the Incorporator is:

NAME

ADDRESS

Eliot C. Abbott

999 Ponce De Leon Blvd.  
Suite 1150  
Coral Gables, Florida 33134

9. Preemptive Rights shall be as follows: The holders of the common stock of this corporation shall have preemptive rights to purchase, at prices, terms and conditions that shall be fixed by the Shareholders, such of the shares of the stock of this corporation as may be issued for money (money, or any property or

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TALLAHASSEE, FLORIDA

services) from time to time, in addition to that stock authorized (and issued) by the corporation. The preemptive right of any holder is determined by the ratio of the authorized (authorized and issued) shares of common stock held by the holder to all shares of common stock currently authorized (authorized and issued).

DATED this 10th day of February, 1995.


  
Eliot C. Abbott

STATE OF FLORIDA

COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared Eliot C. Abbott, who is to me personally known to be the person described in who has produced drivers license as identification and has subscribed the above Articles of Incorporation, and he did freely and voluntarily acknowledged before me according to law that he made and subscribed the same for the uses and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and my official seal, at Miami, in said County and State, this 10th day of February, 1995.

  
NOTARY PUBLIC  
State of Florida  
My Commission Expires:



CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE  
SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM  
PROCESS MAY BE SERVED

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

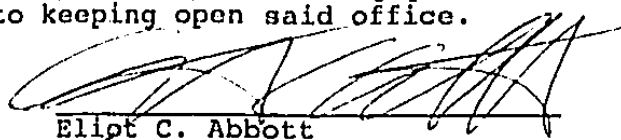
First--that MASTEC TELEPORT, INC. desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Incorporation at Coral Gables, County of Dade, State of Florida, has named Eliot C. Abbott, 999 Ponce De Leon Blvd., Suite 1150, Coral Gables, Florida 33134.

(Street address and number of building, post office box address not acceptable)

City of Coral Gables, County of Dade, State of Florida, as its agent to accept service of process within this State.

ACKNOWLEDGMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named to accept service of process for the above stated corporation, at place designated in this certificate. I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

  
Eliot C. Abbott

corp\articles.TEL

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TALLAHASSEE, FLORIDA

P95000011973

PURSUANT TO THE PROVISIONS OF SECTION 215.26, FLORIDA STATUTES, I HEREBY APPLY FOR REFUND AND REQUEST THAT A STATE WARRANT BE DRAWN IN FAVOR OF:

Name: C T Corporation System  
Address: 660 East Jefferson Street  
Tallahassee, FL 32301  
Amount: \$35.00 — MASTEC TELEPORT, INC. (P95000011973)

which represents moneys I paid into the State Treasury subject to refund, and to substantiate such claim the following facts are submitted:

Reason for Claim: Document will not be filed.

Section: Amendments Clerk: J.M. French Date Processed: 5-30-95

CERTIFIED TRUE AND CORRECT this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Lamin Bayle  
Signature

(FOR AGENCY USE ONLY)

(1) Agency recommends denial of above claim based on the following facts, including statutory authority for collection: \_\_\_\_\_

(2) Agency recommends approval of above claim and submits the following information to substantiate such claim.  
The amount recommended \$ 35.00

The amount requested above was originally deposited into the State Treasury. State Treasurer's Receipt # 01046-012, Dated 03/23/95.

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE  
4 5 2 0 2 1 3 0 0 0 1 4 5 3 0 0 0 0 0 0 0 0 0 0 1 0 0 0 0

Statutory Authority for Collection 607.0122

It is requested that payment be made from:  
NAME OF ACCOUNT:

SAMAS ACCOUNT CODE  
4 5 2 0 2 1 3 0 0 0 1 4 5 3 0 0 0 0 0 0 0 0 2 2 0 0 0 0 0 0

Certified True and Correct this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Dept. of State, Div. of Corporations  
Agency

Authorized Signature and Title

Section 215.26 states, in part: "Application for refund as provided by this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is interpreted as meaning three years from the date of payment into the State Treasury.

Document Number Only

RECEIVED  
MAR 23 1985  
FEDERAL COMMUNICATIONS

C T CORPORATION SYSTEM  
Requestor's Name  
1311 Executive Center Drive, ste. 200  
Address  
Tallahassee, FL 32301 (904) 656-0290  
City State Zip Phone

800000011373273  
\*\*\*\*\*

CORPORATION(S) NAME

Master Teleport, Inc.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Profit              | <input checked="" type="checkbox"/> Amendment   | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> NonProfit           | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Resurrection           | <input type="checkbox"/> Change of H.A.     |
| <input type="checkbox"/> Reinstatement       | <input type="checkbox"/> Photo Copies           | <input type="checkbox"/> Fictitious Name    |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Call if Problem        | <input type="checkbox"/> CUS / G/S          |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> Will Wait              | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In  |   | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out            |   |   |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

3/23/85  
3:00

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FILE STAMPED

Document Number Only

P95000011973

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City

State

Zip

Phone

904-222-1092

CORPORATION(S) NAME

300001531003

-07/06/95--01050--012

\*\*\*\*\*35.00 \*\*\*\*\*35.00

Master Teleport, Inc

☐ Profit

☐ NonProfit

☐ Limited Liability Company

☐ Foreign

☐ Amendment

☐ Dissolution/Withdrawal

☐ Annual Report

☐ Reservation

☐ Photo Copies

☐ Call if Problem

☐ Will Wait

☐ Merger

☐ Mark

☐ Other

☒ Change of R.A.

☐ Fictitious Name

☐ CUS/ G/S

☐ After 4:30

☒ Pick Up

☐ Call When Ready

☒ Walk In

☐ Mail Out

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

3:00

7/6/95

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7/6  
Jory  
RA  
Chang

Florida Department of State, Jim Smith, Secretary of State

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508,  
Florida Statutes, the undersigned corporation organized under the laws of the State of  
Florida submits the following statement in order to change its registered office  
or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: MasTec Teleport, Inc.

1b. Date of incorporation 2-13-95 Document number P90000001978

2. The name and address of the current registered agent and office:

Eliot C. Abbott

Suite 1150, 999 Ponce de Leon Blvd, Coral Gables, FL 33134

3. The name and address of the new registered agent and office:  
(P.O. Box Not Acceptable)

C T CORPORATION SYSTEM

c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation, Florida 33324

The street address of its registered agent and the street address of the business office  
of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by  
an officer so authorized by the board.

*Nancy J. Damon*  
SIGNATURE  
6-28-95  
DATE

Nancy J. Damon, Secretary

Typed or printed name and title

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF  
PROCESS FOR THE ABOVE STATED CORPORATION 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 RELATIVE TO THE PROPER AND COM-  
PLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT  
THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE BY: *June 30, 1995*  
C T CORPORATION SYSTEM  
(Registered Agent)

DATE *Tanya M. Villar* TANYA M. VILLAR  
SPECIAL ASSISTANT SECRETARY

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314