

P96000023393

BERGMAN, SPIEWAK AND COMPANY, P.A.

**CERTIFIED PUBLIC ACCOUNTANTS
499 NW 70TH AVENUE, SUITE 116
PLANTATION, FLORIDA 33317-7573**

GARRY S. BERGMAN, C.P.A.
MARC A. SPIEWAK, C.P.A.
RICHARD E. LEVENSON, C.P.A.

PHONE (954) 321-9991
FAX (954) 321-9994

February 27, 1996

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

700001728387
-02/29/96--01079--004
****122.50 ****122.50

RE: MACTEL, INC.

Gentlemen:

Please return the enclosed papers when properly executed to me ^{on behalf of the} corporation.

Yours truly,

Richard E. Levenson, CPA
Richard E. Levenson, C.P.A.
For the Firm

REL/js

56 MAR 11 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*06678
cc: SJP
cc: 67*

W96-4824

35-96
JK



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 5, 1996

RICHARD E. LEVENSON CPA
499 NW 70TH AVENUE STE 116
PLANTATION, FL 33317-7573

SUBJECT: MACTEL, INC.
Ref. Number: W96000004824

We have received your document for MACTEL, INC. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The entity name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved entity. Names of administratively dissolved entities are not available for one year from the date of administrative dissolution unless the dissolved entity provides the Department of State with a notarized affidavit executed as required by section 607.0120, 617.01201, 608.5135 or 608.4482 Florida Statutes, permitting the immediate assumption or use of the name by another entity.

Simply adding "of Florida" or "Florida" to the end of a name does not constitute a difference.

When the document is resubmitted, please return a copy of this letter to ensure proper handling.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6878.

Terri Buckley
Corporate Specialist

Letter Number: 896A00009602

ARTICLES OF INCORPORATION
OF
MACINNES TELECOMMUNICATIONS, INC

ARTICLE I

The name of the Corporation is MACINNES TELECOMMUNICATIONS, INC.

ARTICLE II

The principal place of business and mailing address of this corporation shall be 1313 S. MILITARY TRAIL, SUITE 101, DEERFIELD BEACH, FL 33442.

ARTICLE III

The aggregate number of shares which the Corporation has authority to issue is 1,000 shares of common stock with no par value.

ARTICLE IV

The address of the initial registered office of the Corporation is 1313 S. MILITARY TRAIL, SUITE 101, DEERFIELD BEACH, Florida 33442, and the name of the Corporation's initial registered agent for service of process at such address is SCOTT M MACINNES.

ARTICLE V

The name and address of the incorporator to these Articles of Incorporation is:
SCOTT M MACINNES, 1313 S. MILITARY TRAIL, SUITE 101, DEERFIELD BEACH, FL 33442.

IN WITNESS WHEREOF, I have hereunto set my hand this 12 day of

March, 1996.


SCOTT M MACINNES
1313 S. MILITARY TRAIL, SUITE 101, DEERFIELD
BEACH, FL 33442

FILED
56 MAR 11 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, undersigned corporation, 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 corporation is: MACINNES TELECOMMUNICATIONS, INC.
2. The name of the registered agent and office is:

SCOTT M MACINNES
1313 S. MILITARY TRAIL, SUITE 101, DEERFIELD BEACH, Florida 33442

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 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.

SIGNATURE _____

DATE 3/12/96

FILED
MAR 11 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA