96 AUG 15 A!! 9 58 DIVISION OF CORPORATION networks PHARTERNAL SERVICE ACCOUNT NO. 1 072100000032 - 5674**A *** REFERENCE : 053923 AUTHOR LZATION 1 COST LIMIT : \$ 122.50 Cto. Touts ORDER DATE: August 14, 1996 ORDER TIME : 4:01 PM ORDER NO. : 053923 5674A CUSTOMER NO: CARRIED BARRONS BLA CUSTOMER: Carla Wellborn, Legal Asst KIMPTON BURKE & WHITE Suite 100 28059 U.B. Highway 19, North Clearwater, FL 34621 DOMESTIC FILING CELLULAR SOLUTIONS, INC. NAME: EFFECTIVE DATE: XX ARTICLES OF INCORPORATION _ CERTIFICATE OF LIMITED PARTNERSHIP PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY __ PLAIN STAMPED COPY

_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Victoria L. Perez

EXAMINER'S INITIALS:

26 APR 15 PH 2011

ARTICLES OF INCORPORATION

OF

CELLULAR SOLUTIONS, INC.

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE L. NAME

The name of the corporation shall be:

CELLULAR SOLUTIONS, INC.

The address of the principal office of this corporation shall be 29113 U.S. Highway 19 North, Clearwater, Florida 34621, and the mailing address of the corporation shall be the same.

ARTICLE II, NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock having \$1.00 par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 28059 U.S. Highway 19 North, Suite 100, Clearwater, Florida 34621, and the name of the initial registered agent of the corporation at that address is Robert C. Burke, Jr.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. SPECIAL PROVISON

It is the intent of the Incorporator that the corporation will qualify under section 1244 of the Internal Revenue Code.

ARTICLE VII. INDEMNIFICATION

The corporation may indemnify any officer, director, employee, or agent or any officer, director, employee, or agent to the extent permitted by law.

ARTICLE VIL. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

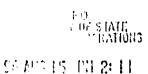
Corporation Service Company 1201 Hays Street Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned agent of Corporation Service Company, has hereunto set their hand and seal of Corporation Service Company on August 14, 1996.

CORPORATION SERVICE COMPANY

By: <u>Alchoral D. Skipper</u> It's Agent, Deborah D. Skipper

VLP



CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 807.0501 OR 617.0501, FLORIDA STATUTES, THE 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:	CELLULAR SOLUTIONS, INC.
2.	The name and address of the regist	ered agent and office is:
	ROBER	T.C. BURKE, JR. (Name)
	<u>28059 U. S. HIGH</u> (P.O. Bo	WAY 19 NORTH, SUITE 100 ix <u>not</u> acceptable)
	<u>CLEARWA</u> 1 (CI	<u>ren. Florida 34621</u> Ity/State/Zip)
corp regis	poration at the place designated in the	nd to accept service of process for the above stated his certificate, I hereby accept the appointment as spacity. I further agree to comply with the provisions splete performance of my duties, and I am familiar with as registered agent.
	(Signature)	

WILLIAM J. KIMPTON PAR ROBURT C. BURKII DR. LANGIRRID W. WE UT RICHARD T. TEBED C. Soptember 5, 195

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

RE: Collular Solutions, Inc. Our File No. 10,183.04.6.000

Gentlemen:

Enclosed is Registered Agent Certificate designating new Registered Agent for the captioned corporation. Please file the same in the records of your office.

Please date stamp the duplicate copy enclosed with the filing information and return in the self-addressed, stamped envelope also enclosed.

Further enclosed is our check in the amount of \$35 covering your filing fees.

Sincerely,

KIMPTON, BURKE & WHITE, P.A.

Robert C. Burke, Jr.

RCB/cg Enclosures

cg:96depa01.ltr

Florida Department of State, Sandra B. Murtham, 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 PLORIDA 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: ____CELLULAR SOLUTIONS, INC. 29113 U. S. HIGHWAY 19 NORTH, 1b. The mailing address of the corporation is: CLEARWATER, FL 34621 1c. Date of incorporation: AUGUST 15, 1996 Document number: P96000067983 2. The name and address of the current registered agent and office: ROBERT C. BURKE, JR. 28059 U S HIGHWAY 19 NORTH, SUITE 100 CLEARWATER, FL 34621 3. The name and address of the new registered agent and office:(P.O. Box Not Acceptable) NICK DEMETRAKIS 29113 U. S. HIGHWAY 19 NOP 1 CLEARWATER, FL 34621 The street address of its registered office 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. 08/27/96 (Signature of an officer, chairman or vice chairman of the board) (Date) NICK DEMETRAKIS, PRESIDENT (Printed or typed name and title) Having been named as registered agent and to accept service of process for the above stated corporation, 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 complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. 08/27/96 (Signature of Registered Agent) (Date) If signing on behalf of an entity:

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

(Typed or Printed Name)