APPLICATION FOR CERTIFICATE TO PROVIDE OPERATOR AND/OR RESELL TELECOMMUNICATION SERVICES IN TENNESSEE SECTION A

Application is hereby made for a certificate of authority pursuant to TRA Rule 1220-4-2-.57 to provide telecommunications services in the State of Tennessee.

Part I: General Information A. Name of Applicant AmeriMex Communications Corp. Full exact name of person, corporation, partnership, sole propnetorship, or other entity, for which application is made. N/A Legal name of applicant, if different from above. 1078 Alpharetta Street, Suite #9, Roswell, GA 30075 Address City Tenn. Secretary of State Certificate of Authority ID 0399741 Federal Taxpayer ID Number 58-2404604 Social Security Number for Applicants Applying as Individuals N/A Any trade names(s), assumed name(s) or fictitious name(s) used by applicant: N/A If applicant has affiliate(s) engaged in providing telecommunications services, provide the above requested information for each affiliate(s), as well as for the applicant. City Address N/A State ____ Zip Code ___ Phone No. _() -______(Use additional pages if necessary)

IMPORTANT INFORMATION

If applicant has affiliate(s) or parent company, or constituency corporations, engaged in providing telecommunications services, or operating under any trade name, assumed name or fictitious name used by the above, provide the above requested information on all parts of this application as well as for the applicant. Provide this information on a separate attachment, if necessary.

B.	Describe other businesses or business transactions, if any, at the same location as the principal business address: N/A						
C.	Provide the name, business and home address of and a chronological summary of the employment history and business experience over the preceding eight years of:						
	 (a) The proprietor, if the applicant is an individual; (b) Every member, if the applicant is a partnership; (c) Each Executive Officer, Director and each Key Stockholder if the applicant is a joint stock association or a corporation. (Note: If the applicant is a publicly traded 						
	corporation or a subsidiary of such a corporation it does not need to provide this information) (d) Any person in a position to exercise control over or direction of, the business of the applicant, regardless of the form of organization of the applicant.						
	Information to be included:						
	NAME/TITLE SOCIAL SECURITY NUMBER BUSINESS ADDRESS/PHONE NO. HOME ADDRESS/PHONE NO. EMPLOYMENT HISTORY						
	Provide the above requested information on separate attachments.						
	See Appendix I.						
D.	Has the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, LLC members, directors, officers, five percent (5%) more shareholders or beneficiaries (of a trust) been associated with a business whose authority to transact business was denied, revoked or suspended by a state or federal regulatory or law enforcement entity? [Yes No If yes, please explain fully.]						
E.	Has the Tennessee Regulatory Authority, or any other agency of the State of Tennessee, any federal or any agency of any other state ever initiated a regulatory action or order against the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, LLC members, directors, officers, five percent (5%) more shareholders or beneficiaries (of a trust)? Yes No If yes, please explain fully						
	(1) Has the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, LLC members, directors, officers, five percent (5%) more shareholders or beneficiaries (of a trust), been enjoined or restrained by order by any court or state or federal regulatory or law enforcement entity from engaging in any conduct or practice related to the telecommunications business? [Yes No If yes, please explain fully]						

F.	Has the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, LLC members, directors, officers, five percent (5%) more shareholders or beneficiaries (of a trust) been associated with a business who has ceased providing telecommunications services in any state, describe the circumstances. [XYes No (Use additional pages if necessary)					
	All of AmeriMex shareholders vertelephone card provider that management operating on December 31, 200 customers to generate sufficient	arketed its services on the contraction of the cont	on the internet. E	conotalk.com ceased		
G.	Has the applicant or any of its pLLC members, directors, office a trust) been convicted of any of dishonest acts in any transaction list such persons, give details, such persons (Use additional Control of the contro	rs, five percent (5%) crime or crimes, or ch on of any kind, or cor	more shareholde narged in court wi nfined in any pena I outcome.	rs or beneficiaries (of th any fraudulent or		
	(1) Has the applicant or any partners, LLC members, directed beneficiaries (of a trust) been in felony in Tennessee or elsewher ☐ Yes ☐ No If	ors, officers, five pero	cent (5%) more sl ed guilty or pled i	nareholders or		
H.	Name and telephone number of inquiries regarding company of			d to Authority		
	Donald L. Aldridge	(678) 290-1500		90-1504		
	Name	Phone No.	F	ax No.		
	(888) 224-2922	e-mail address	don@amexcom	m.com		
	(1) Name and telephone no Authority inquiries regar	•		-		
	Glenn S. Richards, Esq.	(202) 454-7016		63-8007		
	Tammy Gershoni, Esq. Name	(202) 454-7089 Phone No.		63-8007 ax No.		
	Name	THORE INC.	,	an ito.		
	(800) N/A	e-mail address		Dshawpittman.com ni@shawpittman.com		
1.	List a toll-free telephone number report service problems and/or			s can call or write to		
	(888) 224-2922) 290-1500		
	PHONE NUMBER		ALTERNATE	PHONE NUMBER		
	1078 Alpharetta Street, Suite #	9 Roswell, GA 3007	5			
	ADDRESS	CITY	ST	ZIP CODE		

J.	Provide the name and address of the registered agent for service of process:						
	CT Corporation System						
_	530 Gay Street						
_	Knoxville, TN 37902						
K.	Identify all authorized agents in the state, if any by name, address, business and home phone numbers and any other business conducted by the agent at the same location: (use additional sheets if necessary)						
_	N/A						
Part	II:						
A.	Check the type of telecommunication services you plan to provide in Tennessee. Resell interexchange long distance services Operator Services Resell local services Other (describe)						
В.	If providing operator services, list company name, address and contact person for all reseller carriers you serve in Tennessee.						
	N/A – Applicant does not intend to provide operator services.						
C.	List the state(s) where the applicant, its parent company, and all affiliates is authorized to operate in at this time. For each such state, describe applicant's current activities along with a history of operations there. (Use additional pages if necessary.)						

Applicant is authorized to provide resold local telecommunication services in Georgia, North Carolina, Florida, and South Carolina since April 1999, December 1999, September 2000, and June 2001 respectively. Applicant serves approximately 10,400, primarily Hispanic, customers. Applicant provides prepaid local exchange service, including unlimited local calls, "911" and/or "E911" calls, if available in the customer's area, and toll-free calls (e.g., "800" and "888"). Applicant offers optional features such as call waiting, caller ID, call forwarding and three-way calling. Applicant blocks toll calls, collect calls, directory assistance calls, operator-assisted calls, third number billed calls, and any other service that may be billed to a customer's telephone number (e.g., "900" and "976" calls).

For the above states, list the number and types of complaint(s) filed against applicant, and the complaint(s)' current status. Provide this information on a separate attachment, if necessary.

To Applicant's knowledge, only one complaint has been filed against Applicant in any state. The complaint was filed in Georgia and it has been resolved.

If applicant has affiliate(s)' or parent company, or constituency corporations, engaged in providing telecommunications services, or operating under any trade name, assumed name or fictitious name used by the above, provide the above requested information for all as well as for the applicant. Provide this information on a separate attachment, if necessary.

N/A – Applicant has no affiliate or parent companies engaged in providing telecommunications services or otherwise meeting the above criteria.

D. List any states that the applicant or any affiliate, parent company, or constituency corporation operating under any trade name, assumed name, or fictitious name, has been denied authority to provide service. (Use additional pages if necessary)

N/A – Applicant has not been denied authority to provide service in any state.

E. Areas in Tennessee to be served:

Applicant proposes to provide service in those areas currently served by BellSouth and any other relevant incumbent facilities-bases LECs that have not obtained or an exemption from the requirements of § 251 of the Federal Telecommunications Act.

F.	What type of customers will the applicant serve? a. Business
	b. Residential c. Aggregators (e.g. Hotels, Payphones) d. Other (specify)
G.	Does the applicant allow a property imposed fee (PIF) to be added to the price of intrastate telephone calls over its network? If yes, specify amount.
	N/A
H.	Are your prices for intrastate services plus any PIF equal to or less than the dominant carrier's price for similar services? Yes No N/A Applicant is a prepaid local service provider. Applicant blocks access to toll calls, operator services and directory assistance.
l.	Describe the type of services and price that the applicant will be offering in Tennessee on the Informational Tariff Form found in Appendix II. ¹
	See Appendix II.
J.	What is the applicant's 10XXX or 800 access code, if applicable? N/A
K.	Does the applicant now have or plan to have any telecommunication's facilities (e.g. switches, fiber lines) in Tennessee? ☐Yes ☒No

¹ Applicant is required to fill out an Informational Tariff form. Failure to fill out this form will cause the applicant's request to be rejected.

L.	Whose facility-based network(s) will the applicant be reselling?						
	Applicant will be reselling the facility-based networks of BellSouth and any other relevant incumbent facilities-based LECs.						
M.	Will the applicant be uti customers directly? ²	lizing the	local telephone cor	npany's bill	ing sys	tem or bi	lling
	Applicant will bill custor Appendix III.	ners dire	ctly. A copy of App	licant's sam	ple bill	is attach	ed hereto as
N.	Describe briefly how the	e applica	nt plans to market tl	neir service	s in Ter	nessee?	,
	Applicant intends to offer Hispanic population. A Tennessee via advertist customers will be invited the company's services directed to Applicant's pand the service order control of the c	pplicant perments in detection to call of the perments of the permetter	plans to market its so n Hispanic publication Applicant's toll free of otential customer di ped payment depot	ervices throons, mostly number for esires the swhere the content of the swhere the content of th	newspa a comp ervice, connecti	the state apers. Pulete description he/stone the state of	e of otential cription of she will be
Ο.	 O. If independent telemarketers are to be used, list the name, contact person, address phononumber and federal taxpayer ID for each company. N/A 						ress phone
	COMPANY NAME CO	NTACT	ADDRESS	CITY	ST	ZIP	PHONE
	COMPANY NAME CO	NTACT	ADDRESS	CITY	ST	ZIP	PHONE
	COMPANY NAME CO	NTACT	ADDRESS	CITY	ST	ZIP	PHONE
	COMPANY NAME CO	NTACT	ADDRESS	CITY	ST	ZIP	PHONE
P.	Describe the methods a consumer's preferred in consumer's interexchar procedures or company	nterexcha nge servi guidelin	nge service, and to ce. Use additional pes, attach copies.	prevent un pages if ned	authori	zed switc	hing of a
Q.	Applicant has the ability has subscribed to with N/A - Applicant is a pre operator services, and	their loca epaid ser	l telephone compar vice provider. Appli	ıy. ∐Yes	□No		

² A copy of a bill is required if the applicant is going to bill the customer directly.

periodic sample of the reseller's intrastate toll calls. The purpose of this analysis is to audit the reseller's rates to assure they are at or below the dominant carrier's tariffed rates. Yes No					
- Applica	int blocks access t	to all toll calls, operator services and directory assistance.			
<u>rganizat</u>	tion Structure				
Corporat	ion				
_	•	•			
	-				
	Tilled Liability Col	Attach a copy of the articles of organization and operating agreement along with amendments.			
⊠o	ther Form of Corp	poration			
• •	S Corporation	` · · · /			
		and/or certificate of incorporation.			
		Attach a copy of the charter, bylaws and/or certificate of incorporation and Letter of Authorization from Tennessee Secretary of State			
Joint Sto	ck Association	Attach a copy of the charter, bylaws and/or certificate of incorporation and Letter of Authorization from Tennessee Secretary of State			
Frust		Attach a copy of the trust agreement and Letter of Authorization from Tennessee Secretary of State			
ndividua	I	Attach a copy of the Letter Authorization from Tennessee Secretary of State			
(a)-(g) is	s to be completed	ed if applicant is a Corporation Association or Trust			
The d	ate and state of fo	ormation/incorporation: July 14, 1998 as a Georgia Corporation			
(1)	Parent Company	ny, if applicable N/A			
	_	ood standing from the state in which the applicant was			
See A	ppendix V.				
(1)	Attach a copy of	of Certification of Authority issued by Tennessee Secretary of tion's authority to engage in business in Tennessee.			
	dic samples eller's es eller's eller	dic sample of the reseller eseller's rates to assure the seller's rates to access regardization of the seller sell			

((c)	Describe the corporate structure of the applicant, including the identity of any parent or subsidiary of the applicant. Disclose whether any parent or subsidiary is publicly traded on any stock exchange.						
		Applicant is a privately held corporation. Applicant does not have any parent or subsidiary.						
((d) Provide the history of material litigation and criminal convictions of every current director, executive officer, or key shareholder of the applicant for the ten-year period prior to the date of this application.							
		N/A – There has been no such litigation or convictions.						
((e)	If applicable, attach a copy of the instrument creating the trust and all amendments thereto: N/A – Applicant is not a trust.						
В. [Pro	oprietorship						
[_	rtnership						
	_	General Attach a copy of the partnership agreement with any amendments.						
	L	Attach a copy of the certificate of limited partnership and the partnership and the partnership agreement along with any amendments.						
		Other (Explain on separate sheet)						
All of	the a	above will be required to submit a valid business license.						
	(a) Identify the place and date of the applicant's qualification to provide telecommunications services in this state.							
		N/A.						
	(b)	List the full name, social security number and address of the owners, if a sole proprietorship, or all partners identifying the percentage of ownership: ATTACH ADDITIONAL PAGES AS NECESSARY N/A.						
C.	Nun	nber of employees: 20						
	Emp	oloyer Identification Number (E.I.N.) 58-2404604						
Part IV:	<u>Fir</u>	nancial Information						
A.	Add	lress where business records are kept:1078 Alpharetta Street, Suite #9						
	_	STREET (070)000 4500						
-	CITY	swell GA 30075 (678)290-1500 Z STATE ZIP CODE PHONE NUMBER						

В.	Attach a copy of the applicant's most recent unconsolidated and consolidated audited financial statements for the immediately preceding three-year period. Provide in detail the applicant's financial condition, including balance sheet and income statement, or a copy of IRS form 1120 or 1065 filed by your business for the previous year. Attach, if available, a copy of your company 's 10K and/or stockholder reports.						
	See Appendix VII.						
	(1) Fiscal year end: Month 12 Day 31						
	(2)			d, unconsolidated finar statements are not aud		ement of Applicant:	
	(3)	If applicable, name an	d ad	dress of independent o	ertified p	ublic accountant:	
	_						
	(4)	Period covered by fina	ancia	l statement attached:	12/31/9	99 – 9/30/01	
C.	Doe:	s the applicant currentl	y hav	ve an internal auditor a	nd/or inte	ernal audit program?	
-	If so, Name of internal auditor N/A						
D.	If applicable, provide a history of applicant's material litigation and criminal convictions for the ten-year period prior to the date this application is made. Material litigation is defined as any litigation that, according to generally accepted accounting principles, is deemed significant to a person's financial health and would be required to be referenced in annual audited financial statements, reports to shareholders or similar documents. N/A – There has been no material litigation or criminal convictions for the preceding ten						
	year period.						
Part	V: <u>R</u>	ule Compliance Agre	emer	<u>nt</u>			
	A. Have you read and understand the Tennessee Regulatory Authority's (TRA) Rules and Regulations for Resellers, 1220-4-2 located at the TRA's website http://www.state.tn.us/tra electronic fileroom in its entirety						
	В.	Do you understand th provide such service?		nalties for non-complia Yes ⊡No	nce, and	all associated fees to	
Mail the completed application and a check for \$50.00 to: Tennessee Regulatory Authority, P.O. Box 198907 , Nashville, TN 37219-8907. Should you have any questions, call (615) 741-7489, ext. 163							
The I	The Reseller or Operator Service Provider applicant, hereby, affirms the following:						

Will comply with the TRA Reseller Rules and all other applicable Authority Rules and state laws, including T.C.A. Section 65-5-206 located at the TRA's website http://www.state.tn.us/tra electronic fileroom under the External Site of Lexis Law Publishing.

Having been duly sworn, and under the penalties of perjury, I hereby certify that the representations in this RESELLER APPLICATION and all attachments and appendices are true and correct to the best of my knowledge and belief. I further understand that omissions or inaccuracies may result in denial of the APPLICATION and grounds for revocation of Certificate of Authority.

For individual and Partners:		
Signature		Signature
PRINTED NAME		PRINTED NAME
Signature		Signature
PRINTED NAME		PRINTED NAME
For Corporations and Other Organizations		AmeriMex Communications Corp. (NAME OF CORPORATION)
	BY:	Down T. Albudy SIGNATURE
		Donald L. Aldridge PRINTED NAME
		President
	ATTEST:	Title
		Account State
On this day 10 day of <u>Decem</u>	iber, -	200 / before me, a Notary Public

Known to me to be the person(s) named in, and who executed the foregoing application, being duly sworn according to law, deposes and days that the statements and representations set forth in the above application are true and correct to the best of his/her knowledge and belief.



seal

AMENDED AND RESTATED ARTICLES OF INCORPORATION OF AMERIMEX COMMUNICATIONS CORP.

ARTICLE I.

The name of the corporation is AmeriMex Communications Corp. (the "Corporation").

ARTICLE II.

The total number of shares of stock which the Corporation has authority to issue is One Million (1,000,000) shares of \$0.01 par value common stock, all of which shall be designated as "Common Stock." The shares of Common Stock shall have unlimited voting rights and shall be entitled to receive all of the net assets of the Corporation upon liquidation or dissolution.

ARTICLE III.

Pursuant to Official Code of Georgia Annotated Section 14-2-202(4), a director of the Corporation shall not have any personal liability to the Corporation or to its shareholders for monetary damages for any action taken, or for any failure to take any action, as a director, except that this provision shall not eliminate or limit the liability of a director of the Corporation for (a) any appropriation, in violation of his or her duties, of any business opportunity of the Corporation; (b) acts or omissions which involve intentional misconduct or a knowing violation of law; (c) for the types of liabilities of a director of the Corporation that are imposed by Official Code of Georgia Annotated Section 14-2-832; or (d) any transaction from which the director derived an improper personal benefit.

ARTICLE IV.

A. Each person who is or was a director or officer of the Corporation, and each person who is or was a director or officer of the Corporation who at the request of the Corporation is serving or

has served as an officer, director, partner, joint venturer or trustee of another corporation, partnership, joint venture, trust or other enterprise shall be indemnified by the Corporation against those expenses (including attorneys' fees), judgments, fines and amounts paid in settlement which are allowed to be paid, advanced or reimbursed by the Corporation under the laws of the State of Georgia and which are actually and reasonably incurred in connection with any action, suit, or proceeding, pending or threatened, whether civil, criminal, arbitrative, administrative or investigative, whether formal or informal, in which such person may be involved by reason of his being or having been a director or officer of this Corporation or of such other enterprises. Such indemnification, reimbursement or advance shall be made only in accordance with the laws of the State of Georgia, including the Georgia Business Corporation Code subject to the conditions prescribed under such statutory provisions.

- B. In any instance where the laws of the State of Georgia permit indemnification, reimbursement or advances to be provided to persons who are or have been an officer or director of the Corporation or who are or have been an officer, director, partner, joint venturer or trustee of any such other enterprise only on a determination that certain specified standards of conduct have been met, that all statutory requirements and procedures have been satisfied, and that upon application for indemnification, reimbursement or advances by any such person the Corporation shall promptly cause such determination to be made in accordance with the statutory procedures of Georgia law.
- C. Nothing in this Article shall be construed as limiting the applicability and scope of Georgia law with respect to indemnification, reimbursement and advances for expenses; further, as a condition to any such right of indemnification, the Corporation may require that it be permitted to participate in the defense of any such action or proceeding through legal counsel designated by the Corporation and at the expense of the Corporation.

D. In accordance with the law of the State of Georgia, the Corporation may purchase and maintain insurance on behalf of any such persons whether or not the Corporation would have the power to indemnity such officers and directors against any liability under the laws of the State of Georgia.

ARTICLE V.

The shareholders of the Corporation shall, in the event of either a proposed sale for cash of authorized, but unissued shares of the capital stock of the Corporation, or in the event of a proposed stock dividend by the Corporation of authorized, but unissued shares of stock, have the right to acquire such shares in proportion to their respective holdings of such shares of stock. This preemptive right shall not apply to shares issued to effect a merger or consolidation.

ARTICLE VI.

The capital stock of the Corporation may be issued in whole or fractional shares, and for money, property, services, or other things of value, or a combination thereof.

ARTICLE VII.

The Corporation shall have the power to guarantee, become surety upon or endorse the obligations of any other corporation, firm or individual as to any matter; and to enter into partnership or into any arrangement for sharing of financial interest with any other corporation, firm or individual; and to acquire, own and hold, and to sell stock in any other corporation. The Corporation shall have the right to lend to, or to borrow from, any of its shareholders, officers and directors.

ARTICLE VIII.

The Corporation shall have the power to issue stock under the provisions of Section 1244, United States Internal Revenue Code of 1954 as amended.

ARTICLE IX.

The Corporation shall have the power to elect, upon unanimous consent of the shareholders, to be treated as a small business corporation for income tax purposes as provided by Sections 1371 et seq., United States Internal Revenue Code of 1954, as amended, and to elect to cancel such election at any subsequent time.

ARTICLE X.

These Amended and Restated Articles of Incorporation were duly approved and adopted by the Shareholders of the Corporation in accordance with the provisions of Section 14-2-1003 and 14-2-1007 of the Georgia Business Corporation Code on August 21, 2001.

These Amended and Restated Articles of Incorporation supersede the original Articles of Incorporation filed with the Georgia Secretary of State on July 15, 1998.

IN WITNESS WHEREOF, the undersigned duly authorized officer has executed these Amended and Restated Articles of Incorporation this 28th day of August, 2001.

Donald L. Aldridge, President

Secretary of State **Corporations Division** 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CONTROL NUMBER : K826735 DATE INC/AUTH/FILED: 07/15/1998 JURISDICTION : GEORGIA PRINT DATE : 11/15/2001

FORM NUMBER

CT CORPORATION SYSTEM RUDENE REMBERT 1201 PEACHTREE STREET, N.E. ATLANTA, GA 30361

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

00000 AMERIMEX COMMUNICATIONS CORP. A GEORGIA PROFIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve) an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State. 0000000

This information is electronically transmitted, issued and certified accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20011115120702620



Cathy Cox Secretary of State Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

DATE: 12/07/00 REQUEST NUMBER: 4056-1754 TELEPHONE CONTACT: (615) 741-2286 FILE DATE/TIME: 12/07/00 1225 EFFECTIVE DATE/TIME: 12/07/00 1225 CONTROL NUMBER: 0399741

TO: CT CORPORATION SYSTEM 1030 15TH ST. N.W. WASHINGTON, DC 20005

RE:
AMERIMEX COMMUNICATIONS CORP.
APPLICATION FOR CERTIFICATE OF AUTHORITY FOR PROFIT

WELCOME TO THE STATE OF TENNESSEE. THE ATTACHED CERTIFICATE OF AUTHORITY HAS BEEN FILED WITH AN EFFECTIVE DATE AS INDICATED ABOVE.

A CORPORATION ANNUAL REPORT MUST BE FILED WITH THE SECRETARY OF STATE ON OR BEFORE THE FIRST DATE OF THE FOURTH MONTH FOLLOWING THE CLOSE OF THE CORPORATION'S FISCAL YEAR. PLEASE PROVIDE THIS OFFICE WITH WRITTEN NOTIFICATION OF THE CORPORATION'S FISCAL YEAR. THIS OFFICE WILL MAIL THE REPORT DURING THE LAST MONTH OF SAID FISCAL YEAR TO THE CORPORATION AT THE ADDRESS OF ITS PRINCIPAL OFFICE OR TO A MAILING ADDRESS PROVIDED TO THIS OFFICE IN WRITING. FAILURE TO FILE THIS REPORT OR TO MAINTAIN A REGISTERED AGENT AND OFFICE WILL SUBJECT THE CORPORATION TO ADMINISTRATIVE REVOCATION OF ITS CERTIFICATE OF AUTHORITY.

WHEN CORRESPONDING WITH THIS OFFICE OR SUBMITTING DOCUMENTS FOR FILING, PLEASE REFER TO THE CORPORATION CONTROL NUMBER GIVEN ABOVE.

FOR: APPLICATION FOR CERTIFICATE OF AUTHORITY -

ON DATE: 12/07/00

FOR PROFIT

RECEIVED:

FEES \$600.00

\$0.00

C T CORPORATION SYSTEM (DC-1030 15TH ST) 1030 15TH ST N.W.

TOTAL PAYMENT RECEIVED:

\$600.00

WASHINGTON, DC 20005-0000

RECEIPT NUMBER: 00002772119 ACCOUNT NUMBER: 00000007



RILEY C. DARNELL SECRETARY OF STATE

Peley & Darnell





Bepartment of State
Corporate Filings
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, TN 37243

APPLICATION FOR **CERTIFICATE OF AUTHORITY** (FOR PROFIT)

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GO DEC -7 PH 12: 25

Pursuant to the provisions of Section 48-25-103 of the Tennessee Business Corporation Act, the undersigned corporation hereby applies for a certificate of authority to transact business in the State of Tennessee, and for that purpose sets for the State of Tennessee.							
The name of the corporation is <u>AmeriMex Commu</u>	nications Corp.						
*If different, the name under which the certificate of auth							
[NOTES: The Secretary of State of the State of Tennessee may not issue a certificate of authority to a foreign corporation for profit if its name does not comply with the requirements of Section 48-14-101 of the Tennessee Business Corporation Act. *If obtaining a certificate of authority under a different corporate name, an application for registration of an assumed corporate name must be filed pursuant to Section 48-14-101(d) with an additional \$20.00 fee.]							
2. The state or country under whose law it is incorporate	ed is Georgia						
The date of its incorporation is if other than perpetual, is	(must be month, day,	and year), and the period of duration,					
4. The complete street address (including zip code) of it		20075					
1078 Alpharetta St., Suite 9 Roswell Street City	Georgia State/Country	30075 Zip Code					
		· · · · · · · · · · · · · · · · · · ·					
The complete street address (including the county and registered agent is	the zip code) of its registered office	in Tennessee and the name of its					
530 Gay Street, Knoxville,	Tennessee (Knox County)	37902					
Street City Registered Agent C T Corporation System	State/Country	Zip Code					
Donald L. Aldridge, President, 1078 Alpharetta St., Suite 9	6. The names and complete business addresses (including zip code) of its current officers are: (Attach separate sheet if necessary.) <u>Donald L. Aldridge, President, 1078 Alpharetta St., Suite 9, Roswell, GA 30075</u> <u>David W. Huffman, Vice-President and Chief Technical Officer, 1078 Alpharetta St., Suite 9, Roswell, GA 30075</u>						
7. The names and complete business addresses (including zip code) of its current board of directors are: (Attach separate sheet if necessary.) Donald L. Aldridge, 1078 Alpharetta St., Suite 9, Roswell, GA 30075 David W. Huffman, 1078 Alpharetta St., Suite 9, Roswell, GA 30075 Irving Rivera, 1078 Alpharetta St., Suite 9, Roswell, GA 30075							
8. If the corporation commenced doing business in Tennessee prior to the approval of this application, the date of commencement (month, day and year)							
9. The corporation is a corporation for profit.							
10. If the document is not to be effective upon filing by	the Secretary of State, the delay	ed effective date/time is					
,(date),(time).							
[NOTE: A delayed effective date shall not be later than the 90th day after the date this document is filed by the Secretary of State.]							
[NOTE: This application must be accompanied by a certificate of existence (or a document of similar import) duly authenticated by the Secretary of State or other official having custody of corporate records in the state or country under whose law it is incorporated. The certificate shall not bear a date of more than two (2) months prior to the date the application is filed in this state.]							
Nur. 28, 2000	AmeriMex Communications Con	гр.					
Signature Date	Name of Corporation	/ ·/					
President	Doubl I als	wy					
Signer's Capacity	Signature						
	Donald L. Aldridge						
SS-4431 (Rev. 7/00)	Name (typed or printed)	RDA 1678					

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CONTROL NUMBER : K826735 DATE INC/AUTH/FILED: 07/15/1998

JURISDICTION : GEORGIA

: 12/02/2000 : 211 PRINT DATE

FORM NUMBER

00 DEC -7 PM 12: 25

CT CORPORATION SYSTEM RUDENE REMBERT 1201 PEACHTREE STREET, N.E. ATLANTA, GA 30361

CERTIFICATE OF EXISTENCE

the State of Georgia, do hereby certify I, Cathy Cox, the Secretary of State of under the seal of my office that as of the above print date

MERIMEX COMMUNICATIONS CORP A GEORGIA PROFIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the labove date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve an application for withdrawal, a statement of commencement of winding up or any other similar document that been filed or is pending with the Secretary of State 00000000

This certificate is issued pursuant to Title 14, of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

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Cathy Cox Secretary of State