

State of Idaho

Office of the Secretary of State

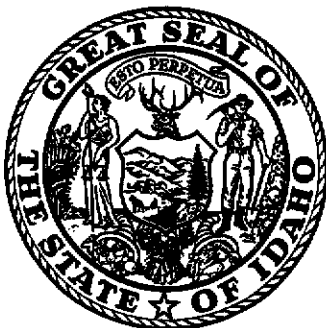
**CERTIFICATE OF AUTHORITY
OF
WHOLESALE CARRIER SERVICES, INC.**

File Number C 187345

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that an Application for Certificate of Authority, duly executed pursuant to the provisions of the Idaho Business Corporation Act, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Authority to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: May 27, 2010



Ben Yursa
SECRETARY OF STATE

By

Jinda McQuay



APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

10 MAY 27 PM 1:54

SECRETARY OF STATE
STATE OF IDAHO

The undersigned Corporation applies for a Certificate of Authority and states as follows:

1. The name of the corporation is:
WHOLESALE CARRIER SERVICES, INC.
2. The name which it shall use in Idaho is: _____
3. It is incorporated under the laws of: FL
4. Its date of incorporation is: 05/20/1996
5. The address of its principal office is:
5471 NORTH UNIVERSITY DRIVE CORAL SPRINGS FL 33067
6. The address to which correspondence should be addressed, if different from item 5, is:

7. The street address of its registered office in Idaho is: 1401 Shoreline Drive, Suite 2, Boise, ID 83702
and its registered agent in Idaho at that address is: Corporation Service Company
8. The names and respective business addresses of its directors and officers are:

Name	Title	Business Address
CHRISTOPHER BARTON	PRESIDENT	5471 N. UNIVERSITY CORAL SPRINGS FL
CHRISTOPHER BARTON	SECRETARY	5471 N. UNIVERSITY CORAL SPRINGS FL
CHRISTOPHER BARTON	TREASURER	5471 N. UNIVERSITY CORAL SPRINGS FL
CHRISTOPHER BARTON	DIRECTOR	471 N. UNIVERSITY CORAL SPRINGS FL
_____	_____	_____
_____	_____	_____

Dated: 5/26/2010

Signature: *Christopher Barton*

Typed Name: CHRISTOPHER BARTON

Capacity: President

(The signer must be a director or an officer of the corporation.)

Customer Acct # : _____

(if using pre-paid account)

Secretary of State use only

33 sample forms corp
forms sample forms authority profit pms
Review 10/2006

IDAHO SECRETARY OF STATE

05/27/2010 05:00

CK: NONE CT: 1157 BH: 1224300

1 @ 100.00 = 100.00 AUTH PRO # 2

1 @ 20.00 = 20.00 EXPEDITE C # 3

C187345

State of Florida

Department of State

I certify from the records of this office that **WHOLESALE CARRIER SERVICES, INC.** is a corporation organized under the laws of the State of Florida, filed on May 20, 1996.

The document number of this corporation is P96000042828.

I further certify that said corporation has paid all fees due this office through December 31, 2010, that its most recent annual report was filed on January 8, 2010, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the Great Seal of
Florida, at Tallahassee, the Capital, this the
Twenty Sixth day of May, 2010*



Laura K. Roberts
Secretary of State

Authentication ID: 400181400424-052610-P96000042828

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

<https://efile.sunbiz.org/certauthver.html>