

F06000005648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

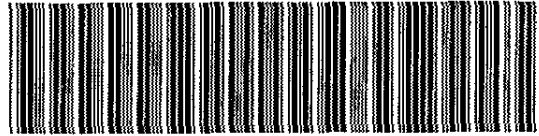
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
(KB) RN

Office Use Only

~~Signature~~ **GAME**
AUTHORIZATION BY PHONE TO
CORRECT Date of Incorporation
DATE 8-30-06
DOC. EXAM 2



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08/10/06--01009--003 **70.00

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2006 AUG 10 PM 2: 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. BURCH AUG 30 2006

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: xwave New England Corp

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jay W Stone

(Name of Person)

xwave New England Corp

(Firm/Company)

151 Capitol Street, Suite 1 P.O. Box 495

(Address)

Augusta, ME 04332

(City/State and Zip code)

For further information concerning this matter, please call:

Jay W Stone

(Name of Person)

at (207) 622-9772, Ext. 453

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2006

JAY STONE
151 CAPITOL STREET STE 1
AUGUSTA, ME 04332

SUBJECT: XWAVE NEW ENGLAND CORP
Ref. Number: W06000035570

We have received your document for XWAVE NEW ENGLAND CORP and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The entity's date of incorporation/organization must be listed in the document. *8/14/06*

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 (850) 245-6928.

Tim Burch
Document Specialist

Letter Number: 206A00050074

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. xwave New England Corp

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

xwave

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Maine

(State or country under the law of which it is incorporated)

3. 01-0449686

(FEI number, if applicable)

4. 08/14/1989

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 151 Capitol Street, Suite 1 Augusta, ME 04332

(Principal office address)

P.O. Box 495 Augusta, ME 04332

(Current mailing address)

8. IT Consulting

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Chris Jordan

Office Address: 530 SW 147th Avenue

Pembroke Pines, Florida 33027
(City) (Zip code)

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TALLAHASSEE, FLORIDA

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Paul Kent

Address: 36 Solutions Drive
Halifax, NS B3S 1N2

Vice Chairman: Brannon J Carter

Address: 151 Capitol Street, Suite 1
Augusta, ME 04332

Director: Elaine McKinnon

Address: 30 Broadview Ave
Saint John, NB E2L 1Z4

Director: _____

Address: _____

B. OFFICERS

President: Paul Kent

Address: 36 Solutions Drive
Halifax, NS B3S 1N2

Vice President: Brannon J Carter

Address: 151 Capitol Street, Suite 1
Augusta, ME 04332

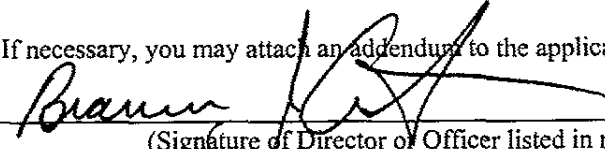
Secretary: Paul Fitzpatrick

Address: 10 Factory Lane St. John's, NF A1C 5H6

Treasurer: Eleanor Marshall

Address: Brunswick Square, 18th Floor Saint John, ND E2L 4K2

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. Brannon J Carter, Regional Director
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

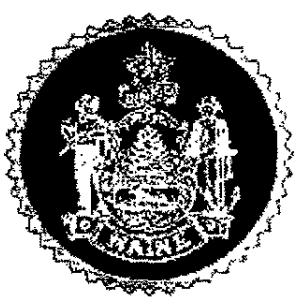
State of Maine



Department of the Secretary of State

I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and that the paper to which this is attached is a true copy from the records of this Department.

In testimony whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed. Given under my hand at Augusta, Maine, this twenty-seventh day of July 2006.



MATTHEW DUNLAP
Secretary of State

Additional Addresses

Legal Name	Title	Name	Charter #	Status
XWAVE NEW ENGLAND CORP.	Clerk	ALAN D. MACEWAN	19900251 D	GOOD STANDING
Home Office Address (of foreign entity)		Other Mailing Address		Address in Maine
				7 NORTH CHESTNUT STREET AUGUSTA, ME 04330