

FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

April 19, 1991

TELECO TELEMANAGEMENT 403 WOODRUFF ROAD SUITE 450 GREENVILLE, SC 29607

SUBJECT: TELECO TELEMANAGEMENT

REGISTRATION NUMBER: G91109900046

This will acknowledge the filing of the above fictitious name registration which was registered on April 19, 1991.

This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between July 1 and December 31 of the expiration year to maintain registration. Three months prior to expiration date a statement of renewal will be mailed.

IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES.

Should you have any questions regarding this acknowledgement you may contact our office at (904) 487-6058.

AGNES BUNDICK Fictitious Name Section

> DOCUMENT NUMBER-DATE 03902 APR 23 1991



Bepartment of State

I certify from the records of this office that TELECO TELEMANAGEMENT is a Fictitious Name registered with the Department of State on April 19, 1991.

The Registration Number of this Fictitious Name is G91109900046.

I further certify that said Fictitious Name Registration is active.

Given under my hand and the Great Seal of the State of Florida, at Tallahassee, the Capital, this the day of

Nineteenth

April, 1991.



CR2EO22 (2-91)

Ji Smith

Jim Smith Secretary of State



Bepartment of State

I certify that the attached is a true and correct copy of the Application For Registration of Fictitious Name of TELECO TELEMANAGEMENT, registered with the Department of State on April 19, 1991, as shown by the records of this office.

The Registration Number of this Fictitious Name is G91109900046.

Given under my hand and the Great Seal of the State of Florida, at Tallahassee, the Capital, this the day of

Nineteenth

April, 1991.



CR2EO22 (2-91)

Ji Smith

Jim Smith Secretary of State

REGISTRATION OF FICTITIOUS NAME

1. __Teleco Telemanagement
Fictitious Name to be Registered

2. __403 Woodruff Road, Suite 450
Mailing Address of Business
__Greenville, South Carolina 29607

3. County of __Multiple

4. City of ______, Florida ______

5. FEI Number: _57-0903466 _______

Zip Code

APPROVED AND FILED

91 APR 19 PM 2: 44

This space for office use only

1. Last First M.I.	2		
Last First M.I.	Last	First	M.I.
Address	Address		
City State Zip Code	City	State	Zip Code
SS# B. Owner(s) of Fictitious Name If Corporation(s) (use	SS#	•	
1. Corporate Telemanagement Group, Inc. Corporate Name 430 Woodruff Road Address Greenville, South Carolina 33524 City State Zip Code Corporate Document Number: P 33524	Corporate Nar	State	Zip Code
FEI Number: <u>57-0903466</u>	FEI Number:		
☐ Applied for ☐ Not Applicable	☐ Applied for ☐ Not Applicable		
on this form is true and accurate. I (we) further certify that the fictition once in a newspaper as defined in chapter 50. Florida Statutes, in the	ous name shown in Section	name, certify that	the information indicates s been advertised at leas
on this form is true and accurate. I (we) further certify that the fictitic once in a newspaper as defined in chapter 50, Florida Statutes, in the (we) understand that the signature(s) below shall have the same less than the signature of Owner Date	ous name shown in Section to county where the application gal effect as if made under the Signature of Own	name, certify that on 1 of this form ha cant's principal pla der oath. (At Least er	the information indicates s been advertised at leas
on this form is true and accurate. I (we) further certify that the fictitic once in a newspaper as defined in chapter 50, Florida Statutes, in the (we) understand that the signature(s) below shall have the same less than the signature of Owner Date	ous name shown in Section e county where the applicated agal effect as if made und	name, certify that on 1 of this form ha cant's principal pla der oath. (At Least er	the information indicated s been advertised at leas ce of business is located One Signature Required
chartes form is true and accurate. I (we) further certify that the fictition ince in a newspaper as defined in chapter 50, Florida Statutes, in the (we) understand that the signature(s) below shall have the same less than the signature of Owner Date Phone Number: Signature of Owner Date Phone Number: 803-458-7302 FOR CANCELLATION COMPLETE SECTION 4 ONLY: FOR FICTITIOUS NAME OWNERSHIP CHANGE COMPLETE SECTION 4 ONLY: (we) the undersigned, hereby cancel the fictitious name	Signature of Own Phone Number:	name, certify that on 1 of this form ha cant's principal pla der oath. (At Least er	the information indicated s been advertised at leas ce of business is located One Signature Required Date
chartes form is true and accurate. I (we) further certify that the fictitic force in a newspaper as defined in chapter 50, Florida Statutes, in the (we) understand that the signature(s) below shall have the same less that the signature of the sign	Signature of Own Phone Number:	name, certify that on 1 of this form ha cant's principal pla der oath. (At Least er	the information indicated s been advertised at leas ce of business is located One Signature Required Date
Signature of Owner Date Phone Number: 803-458-7302 FOR CANCELLATION COMPLETE SECTION 4 ONLY: FOR FICTITIOUS NAME OWNERSHIP CHANGE COMP (we) the undersigned, hereby cancel the fictitious name	Signature of Own Phone Number:	name, certify that on 1 of this form ha cant's principal pla der oath. (At Least er	the information indicated s been advertised at leas ce of business is located One Signature Required Date

Certificate of Status - \$10

Certified Copy — \$30

FILING FEE: \$50