

# EXHIBIT A



## OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

DECEMBER 16, 2010

0336172-1

CORPORATE CREATIONS NETWORK  
1443 W BELMONT AVE #C  
CHICAGO, IL 60657-0000

RE NETWOLVES NETWORK SERVICES, LLC

DEAR SIR OR MADAM:

IT HAS BEEN OUR PLEASURE TO APPROVE YOUR REQUEST TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS. ENCLOSED PLEASE FIND THE APPROVED APPLICATION FOR ADMISSION.

PLEASE NOTE! THE LIMITED LIABILITY COMPANY MUST FILE AN ANNUAL REPORT PRIOR TO THE FIRST DAY OF THIS MONTH OF QUALIFICATION NEXT YEAR. FAILURE TO TIMELY FILE WILL RESULT IN A \$300 PENALTY AND/OR REVOCATION. A PRE-PRINTED ANNUAL REPORT WILL BE MAILED TO THE REGISTERED AGENT AT THE ADDRESS ON OUR RECORDS APPROXIMATELY 45 DAYS BEFORE THE DUE DATE.

MANY OF OUR SERVICES ARE AVAILABLE AT OUR CONTINUOUSLY UPDATED WEBSITE. VISIT [WWW.CYBERDRIVEILLINOIS.COM](http://WWW.CYBERDRIVEILLINOIS.COM) TO VIEW THE STATUS OF THIS COMPANY, PURCHASE A CERTIFICATE OF GOOD STANDING, OR EVEN FILE THE ANNUAL REPORT REFERRED TO IN THE EARLIER PARAGRAPH.

SINCERELY YOURS,

JESSE WHITE  
SECRETARY OF STATE  
DEPARTMENT OF BUSINESS SERVICES  
LIMITED LIABILITY DIVISION  
(217) 524-8008

Form **LLC-45.5**  
June 2010

Secretary of State  
Department of Business Services  
Limited Liability Division  
501 S. Second St., Rm. 351  
Springfield, IL 62756  
217-524-8008  
www.cyberdriveillinois.com

Payment must be made by certified check, cashier's check, Illinois attorney's check, C.P.A.'s check or money order payable to Secretary of State.

Illinois Limited Liability Company Act  
**Application for Admission to Transact Business**

**SUBMIT IN DUPLICATE**  
Type or Print Clearly.

This space for use by Secretary of State.

Filing Fee: \$500

Penalty: \$

Approved: *[Signature]*

0336172-1

FILE #:

This space for use by Secretary of State.

**FILED**

DEC 16 2010

**JESSE WHITE**  
**SECRETARY OF STATE**

1 Limited Liability Company Name: Netwolves Network Services LLC

2 Assumed Name: \_\_\_\_\_  
(This item is only applicable if the company name in item 1 is not available for use in Illinois, in which case form LLC 1.20 must be completed and submitted with this application.)

3 Jurisdiction of Organization: Florida

4 Date of Organization: 10/16/1991

5 Period of Duration: Perpetual  
(Enter Perpetual unless there is a Date of Dissolution provided in the agreement, in which case enter that date.)

6 Address of the Office required to be maintained in the jurisdiction of its organization or, if not required, of the Principal Place of Business: (P.O. Box alone or c/o is unacceptable.)

4710 Eisenhower Blvd, Suite E-8 \_\_\_\_\_  
Number Street Suite #  
Tampa, FL 33634 \_\_\_\_\_  
City, State ZIP Code

7 Registered Agent: Corporate Creations Network Inc. \_\_\_\_\_  
First Name Middle Name Last Name

Registered Office: 1443 W. Belmont Ave #C \_\_\_\_\_  
(P.O. Box alone or c/o is unacceptable.) Number Street Suite #  
Chicago Illinois 60657 \_\_\_\_\_  
City Zip Code

8 If applicable, Date on which Company first conducted business in Illinois: \_\_\_\_\_

(continued on back)

LLC-45.5

9. Purpose(s) for which the Company is Organized and Proposes to Conduct Business in Illinois: \_\_\_\_\_

IT Networking Services \_\_\_\_\_

10. The Limited Liability Company: (check one)

a.  is managed by the manager(s) (List names and addresses.)

Gerald Gagliardi \_\_\_\_\_

4710 Eisenhower Blvd, Suite E-8 \_\_\_\_\_

Tampa, FL 33634 \_\_\_\_\_

b.  has management vested in the members(s) (List names and addresses.)

11. The Illinois Secretary of State is hereby appointed the agent of the Limited Liability Company for service of process under circumstances set forth in subsection (b) of Section 1-50 of the Illinois Limited Liability Company Act.

12. This application is accompanied by a Certificate of Good Standing or Existence, duly authenticated within the last 60 days, by the officer of the state or county wherein the LLC is formed.

13. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this application for admission to transact business is to the best of my knowledge and belief, true, correct and complete.

Dated: 12/15/2010 \_\_\_\_\_  
Month, Day, Year

Valerie Hawk-Donohue \_\_\_\_\_  
Signature

Valerie Hawk-Donohue, Atty in fact \_\_\_\_\_  
Name and Title (type or print)

\_\_\_\_\_  
If applicant is signing for a Company or other Entity, state Name of Company and indicate whether it is a member or manager of the LLC.

Limited Power of Attorney

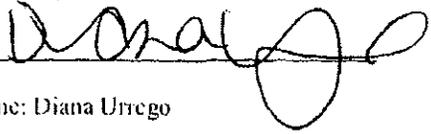
The undersigned officer of Netwolves Network Services LLC, a Florida entity ("the Company"), appoints Valerie Hawk-Donohue and Kelly Cianfarano as attorneys-in-fact for the Company and its subsidiaries for the limited purposes authorized in this Limited Power of Attorney.

The Company and its subsidiaries grant to the attorneys-in-fact the power to execute the documents necessary to register the Company and its subsidiaries in the jurisdictions where those entities are applying. The named individuals shall act in such office and with such authority as is required to effect the changes contemplated in this Limited Power of Attorney.

This Limited Power of Attorney expires on the earlier of (a) the filing of registration forms for the Company and its subsidiaries or (b) six months after the Effective Date set forth below. The Company may revoke this Power of Attorney at any time by written notice to Corporate Creations, 11380 Prosperity Farms Road #221E, Palm Beach Gardens, FL 33410.

The undersigned has executed this Limited Power of Attorney effective as of this 13<sup>th</sup> day of December 2010.

Netwolves Network Services LLC

By: 

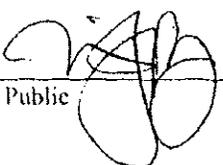
Name: Diana Urrego

Title: Special Manager

STATE OF Florida

COUNTY OF Palm Beach

Subscribed and sworn to before me this 13<sup>th</sup> day of December 2010.

  
Notary Public

