### EXHIBIT B - CERTIFICATE OF AUTHORITY & SALES TAX LICENSE

# State of South Dakota



### OFFICE OF THE SECRETARY OF STATE

## **Certificate of Authority**

#### ORGANIZATIONAL ID #: FB028161

**I, Chris Nelson,** Secretary of State of the State of South Dakota, hereby certify that the Application for a Certificate of Authority of **AIRESPRING**, **INC. (DE)** to transact business in this state duly signed and verified pursuant to the provisions of the South Dakota Corporation Acts, have been received in this office and are found to conform to law.

**ACCORDINGLY** and by virtue of the authority vested in me by law, I hereby issue this Certificate of Authority and attach hereto a duplicate of the application to transact business in this state.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of South Dakota, at Pierre, the Capital, this January 26, 2004.

Chi Nelson

Chris Nelson Secretary of State

Cert of Authority Merge.do

	Secretary of State		FILE NO.	
	State Capitol 500 E. Capitol Ave.		RECEIPT NO.	
	Pierre SD 57501			
	Phone 605-773-4845 Fax 605-773-4550			
		Application for Certii	icate of Authority	NECZI
Pursuan	t to the provisions of SDCL 47	7-8-7, the undersigned corporation	on hereby applies for a Certificate of A	· · · · ·
business	in the State of South Dakota a	and for that purpose submits the	following statement:	JAN 26
(1) The	name of the condition is Air	(exact corporate nan	10)	S.D. SE.S. OF 3
	- And			ult des lits
an abbre	e hattle of the corporation does viation of one of such words, for use in this state is	i not contain the word "corporation then the name of the corporation	on", "company", "incorporated" or "h with the word or abbreviation which	imited" or does not contain it elects to add
(3) State	e where incorporated Delaware	) 	Federal Taxpayer ID#	· · · · · · · · · · · · · · · · · · ·
		/24/2001	and the period of	its duration, which may be
	al, is perpetual	~~~~~~	and the period of	its duration, which may be
	• •		laws of which it is incorporated is	40004
·	okerman Street, Sulte 1B, Dov	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Zip Code
		e is: 6060 Sepulveda Blvd., Suit		
Van Nu	iys, CA			Zip Code 91411
(6) The	street address, or a statement t	hat there is no street address, of	its proposed registered office in the S	tate of South Dakota is
300 Sou	uth Phillips Avenue, Suite 300,	Sioux Falls, SD		Zip Code _57104-6322
and the	name of its proposed registered	d agent in the State of South Dak	tota at that address is National Register	
	purposes which it proposes to of telecommunications service		ness in the State of South Dakota are:	(state specific purpose)
	names and respective addresse	s of its directors and officers are		
(8) The	Name	Officer Title	Street Address City	State Zip
			6060 Sepulveda Blvd., #220, Van N	uys, CA 91411
Avi Lon	stein	Pres/CEO/Treas/Sec/Dir		
	stein	Executive VP/Directo	6060 Sepulveda Blvd., #220, Van N	
Avi Lon Tony Lo	stein		6060 Sepulveda Blvd., #220, Van N 6060 Sepulveda Blvd., #220, Van N	uys, CA 91411
Avi Lon Tony Lo	stein onstein	Executive VP/Directo		uys, CA 91411
Avi Lon Tony Lo Danie L	stein onstein .onstein	Executive VP/Directo CFO/V-P	6060 Sepulveda Blvd., #220, Van N	uys, CA 91411 uys, CA 91411
Avi Lon: Tony Lo Danie L (9) The	stein onstein onstein aggregate number of shares wi	Executive VP/Directo CFO/V-P		uys, CA 91411 uys, CA 91411
Avi Lon: Tony Lo Danie L (9) The	stein onstein .onstein aggregate number of shares wi es, if any, within a class is:	Executive VP/Directo CFO/V-P	6060 Sepulveda Blvd., #220, Van N	uys, CA 91411 uys, CA 91411 shares without par value,

of shares	Class	Series	Par value per share or statement that shares are without par value
24,000,000	common		0.0001
12,000,000	preferred		0.0001
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(10) The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of shares	Class		Par value per share or statement that shares are without par value
13,269,232	common		0.0001
		······	
		<u></u>	

(11) The amount of its stated capital is \$ 1,326.92

Shares issued times par value equals stated capital. In the case of no par value stock, stated capital is the consideration received for the issued shares.

(12) This application is accompanied by a CERTIFICATE OF FACT or a CERTIFICATE OF GOOD STANDING duly acknowledged by the Secretary of State or other officer having custody of corporate records in the state or country under whose laws it is incorporated.

(13) That such corporation shall not directly or indirectly combine or make any contract with any incorporated company, foreign or domestic, through their stockholders or the trustees or assigns of such stockholders, or with any copartnership or association of persons, or in any manner whatever to fix the prices, limit the production or regulate the transportation of any product or commodity so as to prevent competition in such prices, production or transportation or to establish excessive prices therefor.

(14) That such corporation, as a consideration of its being permitted to begin or continue doing business within the State of South Dakota, will comply with all the laws of the said State with regard to foreign corporations.

The application must be signed, in the presence of a notary public, by the chairman of the board of directors, or by the president or by another officer.

I DECLARE AND AFFIRM UNDER THE PENALTY OF PERJ	URY THAT THIS APPLICATION IS IN ALL THINGS, TRUE AND CORRECT.
Dated 1/14/2004	
	(Signature)
	President $\langle - \epsilon \rangle$
	(Title)
STATE OF Louisiana	
COUNTY OF Jefferson	
I, Monica Haab , a notary pub	olic, do hereby certify that on this day of January 2004,
personally appeared before me_Avi Lonstein	who, being by me first duly sworn, declared that he/she
is the President of Airespring, Inc.	_, that he/she signed the foregoing document as
officer of the corporation and freest BORNELHAABontained are	true.
Nutro Dublic State of Louisiana	-M-DM-
My Commission Expires My Commission is for Life.	(Notary Public)
Notarial Scal	
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The Consent of Appointment below must be sign	d by the registered agent listed in number six.
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	Consent of Appointment by the Registered Agent			
I, National Regi	stered Agents, Inc. (name of registered agent)	, hereby give my consent to serve as the registered		
agent for Airesp				
Dated	20	(signature of registered agent)		

AIRESPRING INC 6060 SEPULVEDA BLVD STE 220 VAN NUYS, CA 91411-2512

January 16, 2009

#### Dear AIRESPRING INC

The Department of Revenue & Regulation is issuing taxpayers new license numbers. Below is your new tax license effective on January 1, 2009. After that date, your new license number will be pre-printed on all of your tax returns. It is valid only for the person in whose name it is issued and is non-transferable. The license is for the transaction of business at the place designated on the license. This license shall be prominently displayed at the place of business for which it was issued.

For more information, contact the Department of Revenue & Regulation's toll-free center at 1-800-829-9188 weekdays from 8:00 am to 5:00 pm Central Time or e-mail us at bustax@state.sd.us. Thank you.

