AUG-20-2003 13:23 Division of Corporations

P.01 age 1 of 2 Florida Department of State

Division of Corporations Public Access System

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From:

: C T CORPORATION SYSTEM Account Name

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## FOREIGN PROFIT QUALIFICATION

Crown Castle Orlando Corp.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$79.00

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Crown Castle Orlando 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:
Michelia Morton
(Name of Person)
Crown Castle Orlando Corp.
(Firm/Company)
510 Bering Drive, Suite 500
(Address)
Housign, TX 77057
(City/State and Zip code)
For further information concerning this matter, please call.
Michelle Morton at (713 ) 570-3105
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, FL 32399 Tallahassee, FL 32314
Enclosed is a check for the following amount:
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee,  Certificate of Status Certified Copy Certified Copy  Certified Copy

## 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.

-	or partnership if not so contained in the name	3. 41-2105151	
2. Delaware (State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	<del></del>
4. 8/6/03	•	5. perpetual	
(Da	ts of incorporation)	(Duration: Year corp. will cause to exist or "perpetual	!" <u>)</u>
6. upon qualifica	tion	,	_
	acted business in Florids. If corporation has	not transacted business in Florida, insert "upon qualificatio	) n.")
	(SEE SECTIONS 607.1	501, 607.1502 and 817.155, F.S.)	
7. 510 Bering Dr.	ve, Suite 500, Houston, TX 77057		
	(Principal office	address)	
510 Bering Dr	ve, Suize 500, Houston, TX 7707		
	(Current mailing	address)	70
			. سر سس
	utions Infrastructure		
		r country to be carried out in state of Florida)	25 - 25 -
(Purpose	(4) of corporation authorized in home state o	r country to be carried out in state of Florida)  nt: (P.O. Box or Mail Drop Box <u>NOT</u> acceptable)	25
(Purpose 9. Name and <u>si</u>	(4) of corporation authorized in home state or		9.50 2.50 2.50 2.50 2.50 2.50 2.50 2.50 2
(Purpose	(4) of corporation authorized in home state o		A STATE OF THE STA
(Purpose 9. Name and <u>si</u> Name:	(4) of corporation authorized in home state or		A STATE OF THE
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(Purpose 9. Name and <u>si</u> Name:	(a) of corporation authorized in home state of rect address of Florida registered ages C T Corporation System.  1200 South Pine Island Road,	nt: (P.O. Box or Mail Drop Box <u>NOT</u> acceptable)	SALE LORDA
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(Purpose  9. Name and si  Name:  Office Address:  0. Registered  Javing been na	(a) of corporation authorized in home state of rect address of Florida registered ages C T Corporation System  1200 South Pine Island Road,  Plantation,  (City)  spent's acceptance:  med as registered agent and to accept accep	nt: (P.O. Box or Mail Drop Box <u>NOT</u> acceptable)	Child Child
(Purpose  9. Name and si  Name:  Office Address:  0. Registered  Inving been na	(a) of corporation authorized in home state of rect address of Florida registered ages C T Corporation System  1200 South Pine Island Road,  Plantation,  (City)  spent's acceptance:  med as registered agent and to accept to application, I hereby accept the application.	nt: (P.O. Box or Mail Drop Box <u>NOT</u> acceptable)	anaciry.
(Purpose  9. Name and si  Name:  Office Address:  0. Registered  Iaving been na  lesignated in the inther agree to	(a) of corporation authorized in home state of rect address of Florida registered ages of Temporation System  1200 South Pine Island Road,  Plantation,  (City)  secure acceptance:  med as registered agent and to accept to application, I hereby accept the apparacomply with the provisions of all statute	nt: (P.O. Box or Mail Drop Box <u>NOT</u> acceptable)	anaciry.
(Purpose  9. Name and si  Name:  Office Address:  10. Registered  Having been na  lesignated in the further agree to	(a) of corporation authorized in home state of rect address of Florida registered ages C T Corporation System  1200 South Pine Island Road,  Plantation,  (City)  secure acceptance: med as registered agent and to accept the application, I hereby accept the application of all statute familiar with and accept the obligation.	nt: (P.O. Box or Mail Drop Box <u>NOT</u> acceptable)  , Florida 33324  (Zip code)  arrives of process for the above stated corporation at a interest as registered agent and agree to act in this cases relative to the proper and complete performance of s of my position as registered agent.	anaciry.
(Purpose  9. Name and si  Name:  Office Address:  10. Registered  Having been na  lesignated in the further agree to	(a) of corporation authorized in home state of rect address of Florida registered ages of Temporation System  1200 South Pine Island Road,  Plantation,  (City)  secure acceptance:  med as registered agent and to accept to application, I hereby accept the apparacomply with the provisions of all statute	nt: (P.O. Box or Mail Drop Box <u>NOT</u> acceptable)  , Florida 33324  (Zip code)  arrives of process for the above stated corporation at a interest as registered agent and agree to act in this cases relative to the proper and complete performance of s of my position as registered agent.	anaciry.
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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.

12. N	lames and	husiness	addresses	of officers	and/or	directors:
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A. DIRECTORS	
Chairman:	
Address:	
	-
Vice Chairman:	
Address:	
Director: E. Blake Hawk	
Address: 510 Bering Drive, Suite 500	
Houston, TX 77057	
Director: W. Benjamin Moreland	
Address: 510 Baring Drive, Suite 500  Houston, TX 77057  P. OPETCEPS	
Houston, TX 77057	~1
Burident Jahn H. Valley	بر دین
Address: 2000 Corporate Drive	. <u></u> .
Canonaburg, PA 15317	, ,
Vice President: Edward W. Wallander	_
Address: 2000 Corporate Drive	
Canonsburg, PA 15317	
Secretary: Micheile Morton	
Address: 510 Bering Drive, Suite 500, Houston, TX 77057	
Treasurer: W. Benjamin Moreland	
Address: 510 Bering Drive, Suite 500, Houston, TX 77057	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
13. Modelle Mach	
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
14. Michelle Morton - Secretary  (Typed or printed parts and connecting of par	

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## Delaware PAGE 1 The First State

I, HARRIET SMITE WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CROWN CASTLE OFLANDO CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF AUGUST, A.D. 2003.



Warriet Smith Windson Harrier Smith Windson

3689531 6300

030512821

AUTHENTICATION: 2547973

DATE: 08-06-03