# Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000073797 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCAC00000023 Phone : (850) 222-1092 Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

## Foreign Limited Liability Company CCS & E LLC d/b/a CROWN CASTLE S & E LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

B. BOSTICK Help

MAR 28 2014

**EXAMINER** 3/27/2014

### **COVER LETTER**

un som C	CS & E LLC				
omecu: _		Name of Limite	d Liability Company		
he enclosed "	Application by For	eign Limited Liability Com	pany for Authorization	to Transact Business in Floric	is," Certificate o
xistence, and	check are submitte	d to register the above refer	enced foreign limited	liability company to transact by	ısiness in Florid
lease return o'	il correspondence d	oncerning this matter to the	following:		
	Lynn Howell				
	<del> </del>	N	ame of Person		_
	Crown Castle				
		F	Irm/Company		_
	1220 Augusta D	rive. Suite 600			
	Tana Linguista D	11.01 04.10 000	Address		***
	Houston, Texas	77047			
,	Housion, reass		itate and Zip Code		_
	lynn.howell@cro	wacastle com			
	17111111011101103011	E-mail address; (to be use	d for future annual repor	I notification)	<del></del>
or further info	armation concernin	g this matter, please call:			2
T	Howell		719	570-3000	
Супп		of Contact Person	al (713) _ Area Code	Daytime Telephone Number	一)   粉   89
MAII	LING ADDRESS:	STRE	ET ADDRESS:		
Divisi	on of Corporations	Divisio	n of Corporations		
	tration Section		ation Section		, .
	3ax 6327 nassee, FL 32314		Bullding xecutive Center Circle		
141101	1886CC, FE 32314		153ec, FL 32301		122
Inclosed is	a check for the t	ollowing amount:			
	25.00 Filing Fee	S130.00 Filing Fee &	☐ \$1.55.00 Filing F	ce & S160.00 Filing Fee	. Certificate

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. CCS & E LLC [Name of Foreign Limited Liability Company: must include "Limited Dability Company," "L.C.," or "LUC"	<del> </del>		
Crown Castle S & E LLC			
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name mu Liability Company," "LLC," or "LLC.")	st ioclu	de "Lim	ited
2. Delaware 3. 46-4784069			
(Jurisdiction under the law of which foreign limited liability (PEI number, if applicable) company is organized)			
4. 03/26/2014			
(Date first transacted business in Florida, (f prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)			
5. 1220 Augusta Drivo, Suite 600			
Houston, Texas 77057			
(Street Address of Principal Office)			
6. 1220 Augusta Drive, Suite 600			
Wanter Prog. 33053		20	
Houston, Texas 77057 (Mailing Address)	<del>- ; ;</del>	<del></del>	La
7. The name, title or capacity and address of the person(s) who has/have authority to manage	is/an	e: 53	c 
B. Blake Hawk 1220 Augusta Drive, Suite 600, Houston, Texas 77057 Manager		<del>-</del> -	
W. Benjamin Moreland 1220 Augusta Drive, Suite 600, Houston, Texas 77057 , Manager		.;> <del></del>	
· ~		(+) 1-3	
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticate having custody of records in the jurisdiction under the law of which it is organized. (A photos acceptable. If the certificate is in a foreign language, a translation of the certificate under outh must be submitted)	сору і	s not	
Rann		•	
Signature of an authorized person  (in accordance with section 605,0203, F.S., the execution of this document constitutes an affirmation under the penaltics of peduty that the first aware that any folios information submitted in a document to this Department of State constitutes a third degree foliony as provided for in a	icts States 817.155,	d herein er F.S.)	je (fluk. I
B. Blake Hewk Manager			
Typed or printed name of signes			

1. The nam	ne of the Limited Liabilit	RIDA. ty Company is:	• •
CCS & R LL	c		
If unavailab	ole, the alternate to be us	sed in the state of Florida is:	
2. The name	ne and the Plorida street i	address of the registered agent and office a	ure:
	C T Corporation Syste		.,
		(Namo)	, E3
	1200 South Pine Island	A Posid	a Draw .
		Street Address (P.O. Box NOT ACCEPTABLE)	
	•		?
	Plantation	PT . 33324	
		City/State/Zip	
Having been	n named as registered ag	gent and to accept service of process for the	above stated limited
liability con registered a statutes rela	npany at the place design egent and agree to act in a ating to the proper and co	nated in this certificate, I hereby accept the this capacity. I further agree to comply with omplete performance of my duties, and I am nos registered agent as provided for in Characteristics.  Jayna  Jayna	above stated limited appointment as the provisions of all a familiar with and pter 605, Florida  Nickell
ilability con registered a statutes rela accept the o	npany at the place design egent and agree to act in ating to the proper and of bligations of my position C T Conforation Sy By:	nated in this certificate, I hereby accept the this capacity. I further agree to comply with omplete performance of my duties, and I am nos registered agent as provided for in Characteristics.  Jayna  (Signature)  ASST.	appointment as the provisions of all in familiar with and opter 605, Florida  Nickeli Secretary
ilability con registered a statutes rela accept the o	npany at the place design egent and agree to act in ating to the proper and of bligations of my position C T Conforation Sy By:	nated in this certificate, I hereby accept the this capacity. I further agree to comply with omplete performance of my duties, and I am nos registered agent as provided for in Characteristics.  Jayna  (Signature)  ASST.	above stated limited appointment as th the provisions of a familiar with and guer 605, Florida Nickeli Secretary

# Delaware

DAGE '

# The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CCS & E LLC" IS DULY FORMED UNDER
THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND
HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW,
AS OF THE TWELFTH DAY OF FEBRUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5479830 8300

140171486

You may verify this cortificate enlin

Justiney W. Bultack, Secretary of State

DATE: 02-12-14