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Requestor's Name 660 East Jefferson Street	<u> </u>		
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Crown Castle	GT Company	UC	
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W.P. Verifier		1: 12	S

CR2E031 (1-89)

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of foreign limited liability company)					
,	Delaware (Jurisdiction under the law of which foreign limited liability company is organized)	3.	(FEI number, if applicable)	_	
4.	January 10, 2000 (Date of Organization)	5.	Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")	_	
6.	January 31, 2000 (Date first transacted business in Florida. (Se	e se	ptions 608.501, 608.502, and 817.155, F.S.)		
7.	510 Bering Drive, Suite 500, Houston, Texas 77057				
	(Street addres	s of	principal office)	•	
8.	If limited liability company is a manager-managed	d co	ompany, check here		
9.	The usual business addresses of the managing me	mb	ers or managers are as follows:	00 JA	
	510 Bering Drive, Suite 500, Houston, Texas 77057			<u> </u>	FI En
the tran	Attached is an original certificate of existence, no more than 9 in granized. (A photoconslation of the certificate under oath of the translator must be sul	py is omit	s not acceptable. If the certificate is in a foreign language, a ted.)		sin
11	. Nature of business or purposes to be conducted of	or p	romoted in Florida: telecommunications infrastruct	ure —	
	Signature of a member or an an (In accordance with section 608.408(3), an affirmation under the penalties of per	F.S.,	orized representative of a member. The execution of this document constitutes that the facts stated herein are true.)	-	

Kathy Glass-Broussard, Corporate Secretary

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The nar	ne of the Limit	ted Liability Company is:	
Crown Cast	le GT Company I	LLC	
2. The nar	ne and the Flor	rida street address of the registered agent and office are:	
	C T Corpor	ration System	N.
		(Name)	
	c/o C T Coi	rporation System, 1200 South Pine Island Road	
		Florida street address (P.O. Box NOT ACCEPTABLE)	SECKE OUT IN
	Plantation	FL 33324	
Laving has	m namad as vaa	City/State/Zip istered agent and to accept service of process for the above stated	limited
liability con agent and a relating to t	npany at the pla gree to act in th the proper and c	ace designated in this certificate, I hereby accept the appointment of this capacity. I further agree to comply with the provisions of all s complete performance of my duties, and I am familiar with and accept stered agent as provided for in Chapter 608, F.S	as registered` tatutes
C T Corpora	ation System (Sign	Alam -	
***	SISTANT SECR	PETARY	

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

5.00 Certificate of Status (optional)

State of Delaware Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CROWN CASTLE GT COMPANY 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 EIGHTEENTH DAY OF JANUARY, A.D.

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

OO JAN 20 PH 1: 00
SECREMENTS STATE
TALLAHASSEE TILORIDA

Edward J. Freel, Secretary of State

3157461 8300

__AUTHENTICATION:

0204500

DATE:

01-18-00