

A9900000 1985

AMERILAWYER®

(Requestor's Name)

343 ALMERIA AVENUE

(Address)

CORAL GABLES, FL 33134 - (305) 445-2700

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

000003136240--3

-02/15/00-01075-010

*****25.00

FILED
00 FEB 15 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. WFOI of San Francisco wireless Partners, LLP

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)



Walk in



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Mail out



Will wait



Photocopy



Certificate of Status

| NEW FILINGS | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |

RECEIVED
00 FEB 15 AM 11:35
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**STATEMENT OF QUALIFICATION FOR FLORIDA OR FOREIGN
LIMITED LIABILITY PARTNERSHIP**

1. The name of the partnership as identified in the records of the Florida Department of State:
WPOI OF SAN FRANCISCO WIRELESS PARTNERS, L.L.P.

Insert partnership's Florida registration number: A99000001985

or

Attach completed Partnership Registration Statement and \$50 filing fee.

2. Suffix adopted for the above named partnership: L.L.P.
("Registered Limited Liability Partnership," "Limited Liability Partnership," "R.L.L.P.," "L.L.P.," "RLLP," or "LLP")

3. The street address of its chief executive office: 11000 Prosperity Farms Road
(if different from current recorded address): Suite 201
Palm Beach Gardens, Florida 33410

4. The street address of principal office in Florida: _____
(if different from above) _____

5. The name and Florida street address of the partnership's agent for service of process:

Spiegel & Utrera, P.A.
343 Almeria Avenue
Coral Gables, Florida 33134

6. This partnership hereby elects to be a limited liability partnership.

7. The effective date of this filing shall be:

x as of the date this document is filed with the Florida Secretary of State

or

_____ a date later than the time of filing: _____

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this _____ day of February 2000

Signature of TWO Partners: _____

Typed or printed names of partners signing above: Michael D. Calandra
William Cella

Filing Fee: \$25.00

Certified Copy: (Optional): \$52.50

Certificate of Status Optional): \$8.75

FILED
00 FEB 15 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA