



B02000000028

ACCOUNT NO. : 072100000032

REFERENCE : 154225 4386365

AUTHORIZATION : *Patricia Pigeto*

COST LIMIT : \$ 87.50

ORDER DATE : January 30, 2002

ORDER TIME : 10:18 AM

ORDER NO. : 154225-010

CUSTOMER NO: 4386365

CUSTOMER: Ms. Elizabeth Mussell
Cingular Wireless
5565 Glenridge Connector
Suite 1700
Atlanta, GA 30342

FOREIGN FILINGS

NAME: CINGULAR SUPPLY, L.P.

9

500004844485--0

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

BK

CONTACT PERSON: Susie Knight -- EXT# 1156

EXAMINER: _____

RECEIVED
02 JAN 30 AM 11: 02
FILED
JAN 30 PM 1: 11
CLERK OF STATE
TALAHASSEE, FLORIDA

APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. CINGULAR SUPPLY, L.P.

(Name of limited partnership as it is in the home state)

2. CINGULAR SUPPLY, LIMITED PARTNERSHIP

(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida;
must contain the word "LIMITED" or "LTD.")

3. Delaware

(State of Formation)

4. January 14, 2002

(Date of Formation)

5. Corporation Service Company

(Name of Registered Agent for Service of Process)

6. 1201 Hays Street

(Street Address of Registered Office)

Tallahassee

(City)

Florida 32301

(Zip Code)

7. Acceptance by the Registered Agent for Service of Process:

Corporation Service Company

By: Deborah D. Skipper

(Agent must sign on this line)

Deborah D. Skipper
Asst. V. Pres.

8. 5565 Glenridge Connector

Atlanta, GA 30342

(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

Cingular Wireless Employee Services, LLC

5565 Glenridge Connector

Atlanta, GA 30342

10. 5565 Glenridge Connector, Atlanta, GA 30342

(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

12. 5565 Glenridge Connector, Atlanta, GA 30342

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 29th day of January, 2002

Elizabeth A. Mussell, Asst. Sec. of General Partner
General Partner

STATE OF GEORGIA

COUNTY OF FULTON

On this 29 day of January, 2002

Elizabeth A. Mussell, Asst. Sec. of the General Partner, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Kathleen Kenny
(Notary Public Signature)

Kathleen Kenny
(Notary's Printed Name)

Notary Public, Gwinnett County, Georgia
My Commission Expires Aug. 3, 2005.

Seal

My Commission Expires: _____

FILED
JAN 30 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

FILED
02 JAN 30 PM 1:11
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

BEFORE ME the undersigned personally appeared Elizabeth A. Mussell
a general partner of Cingular Supply, L.P., a (an) Delaware
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 990.00
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 1.00

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 29th day of January, 2002

Elizabeth A. Mussell
General Partner

STATE OF GEORGIA

COUNTY OF FULTON

On this 29th day of January, 2002

Elizabeth A. Mussell, Asst. Sec. of General Partner, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Kathleen Kenny
(Notary Public Signature)

Kathleen Kenny
(Notary's Printed Name)

Notary Public, Gwinnett County, Georgia
My Commission Expires Aug. 3, 2005.

Seal

My Commission Expires _____