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Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

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Account Name : CORPORATION SERVICE COMPANY  
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FLORIDA/FOREIGN LP/LLLP

CITRUS CELLULAR LIMITED PARTNERSHIP

Certificate of Status	0
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Help

N. Culligan JAN 17 2008

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP  
TO TRANSACT BUSINESS IN FLORIDA**

1. Citrus Cellular Limited Partnership  
 (Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)  
 Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.  
 Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.P.  
 or LLLP

(If name unavailable, name under which the limited partnership or limited liability limited partnership  
 proposes to register to transact business in Florida; must contain acceptable suffix.)

2. Delaware 3. 5/5/1993  
 (State or Country of Formation) (Date of Formation)

4. Corporation Service Company  
 (Name of Registered Agent for Service of Process)

5. 1201 Hays Street, Suite 105  
 (Florida street address for Registered Agent)

Tallahassee, FL 32301

6. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to  
 comply with the provisions of all statutes relative to the proper and complete performance of my duties,  
 and I am familiar with and accept the obligations of my position as registered agent.

Ann R. Shilling  
 Signature of Registered Agent

Ann R. Shilling, Assistant VP

7. 5565 Glenridge Connector, Suite 1725B  
 (Principal office address)

Atlanta, GA 30342

8. If limited partnership is a limited liability limited partnership, check box ☐

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9. 5565 Glenridge Connector, Suite 172513  
(Mailing address)  
Atlanta, GA 30342

10. Name, principal office address, and mailing address of each general partner:

<u>New Cingular Wireless PCS, LLC</u> (Name)	<u>5565 Glenridge Connector, Suite 1725B</u> (Street Address)
<u>m99-1769</u>	<u>Atlanta, GA 30342</u>
	(Mailing Address)
(Name)	(Street Address)
	(Mailing Address)
(Name)	(Street Address)
	(Mailing Address)
(Name)	(Street Address)
	(Mailing Address)

_____ (Name)	_____ (Street Address)
	_____ (Mailing Address)
_____ (Name)	_____ (Street Address)
	_____ (Mailing Address)

11 Effective date, if other than the date of filing: \_\_\_\_\_

*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 16 day of January 20 08

Signature of a general partner:  
 New Circular Wireless Pcs, LLC General Partner  
 by: ART MOBILITY CORPORATION its Manager  
 by: Carolyn A. Pellick, Assistant Secretary

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Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

# Delaware

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## *The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CITRUS CELLULAR LIMITED PARTNERSHIP" 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 SIXTEENTH DAY OF JANUARY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CITRUS CELLULAR LIMITED PARTNERSHIP" WAS FORMED ON THE FIFTH DAY OF MAY, A.D. 1993.



2335246 8300

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*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6316059

DATE: 01-16-08