

F13000000979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

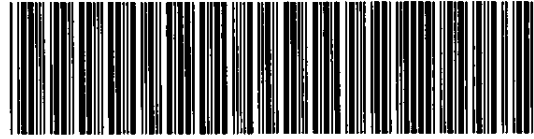
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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TALLAHASSEE, FLORIDA

MRB
3/5/13

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: TowerCom Wireless Services, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Gloria E. Nieves

Name of Person

TowerCom Wireless Services, Inc.

Firm/Company

11437 Tayport Loop

Address

New Port Richey FL 34654

City/State and Zip code

gloria@towercomwireless.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gloria E Nieves

787 984-9122
at ()

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

TowerCom Wireless Services, Inc.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Puerto Rico 3. 66-0752289
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 13-September-2010 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. PO BOX 1248 Barceloneta, PR 00617
(Principal office address)

11437 Tayport Loop New Port Richey FL 34654
(Current mailing address)

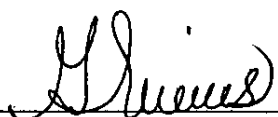
8. Communications Tower Maintenance
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Gloria E. Nieves
Office Address: 11437 Tayport Loop
New Port Richey, Florida 34654
(City) (Zip code)

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10. **Registered agent's acceptance:**
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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.


(Registered agent's signature)

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

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Gloria E Nieves

Address: 11437 Tayport Loop
New Port Richey FL

Vice President: Samuel Roman

Address: 11437 Tayport Loop
New Port Richey FL 34654

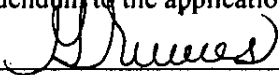
Secretary: Samuel Roman

Address: 11437 Tayport Loop New Port Richey FL 34654

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____


Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Gloria E. Nieves - President

14. _____

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA



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Commonwealth of Puerto Rico
DEPARTMENT OF STATE
San Juan, Puerto Rico

CERTIFICATE OF GOOD STANDING

I, **DAVID E. BERNIER RIVERA**, Secretary of State of the Commonwealth of Puerto Rico,

CERTIFY: That, **TOWERCOM WIRELESS SERVICES, INC.**, register number **199269**, a for profit domestic corporation, organized under the laws of Puerto Rico, has complied with the filing of its Annual Reports.



IN WITNESS WHEREOF, I hereby sign this certificate, in the City of San Juan, Puerto Rico, today, **February 27, 2013**.


DAVID E. BERNIER RIVERA
Secretary of State

To validate this certificate go to: <http://www.estado.gobierno.pr>

This certificate can be validated up to 2 times before its expiration date of 28-May-2013.

Certificate Validation Number: **36994-42930471**