

F210000003990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

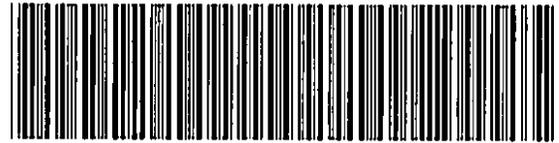
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2021 JUL 15 AM 9:36

2021 JUL 15 PM 4:07

11 2021

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 906456 4304512

AUTHORIZATION : 

COST LIMIT : \$ 78.75

ORDER DATE : July 15, 2021

ORDER TIME : 2:29 PM

ORDER NO. : 906456-035

CUSTOMER NO: 4304512

FOREIGN FILINGS

NAME: WHOLESALE CARRIER SERVICES,
INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XX CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wholesale Carrier 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:

Eileen Cohan

Name of Person

BCM One, Inc.

Firm/Company

295 Madison Avenue, 5th Floor

Address

New York, NY 10017

City/State and Zip code

ecohan@bcmone.com

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

For further information concerning this matter, please call:

Eileen Cohan

at (212) 849-2219

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$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.

1. Wholesale Carrier Services, Inc.
(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. Delaware 3. 65-0667666
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05/20/1996 5.
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 12350 NW 39th Street, Suite 200, Coral Springs, FL 33065
(Principal office street address)

(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee Florida 32301
(City) (Zip code)

2021 JUL 15 AM 9:36

9. 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.

Corporation Service Company

By: Alexis Weibnd, assistant vice president
(Registered agent's signature)

10. 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: Brian R. Kornmann
 Vice Chairman Address: 295 Madison Ave., 5th Floor
 Director New York, NY 10017
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Jesse Klein
 Vice Chairman Address: 295 Madison Ave., 5th Floor
 Director New York, NY 10017
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

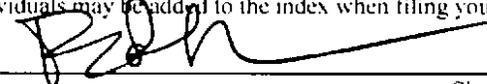
Chairman Name: Robert C. Dunn
 Vice Chairman Address: 295 Madison Ave., 5th Floor
 Director New York, NY 10017
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: John P. Cunningham
 Vice Chairman Address: 295 Madison Ave., 5th Floor
 Director New York, NY 10017
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Francis X. Ahearn
 Vice Chairman Address: 295 Madison Ave., 5th Floor
 Director New York, NY 10017
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Geoffrey Bloss
 Vice Chairman Address: 295 Madison Ave., 5th Floor
 Director New York, NY 10017
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. 
 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Brian R. Kornmann, President and Secretary
 (Typed or printed name and capacity of person signing application)

Attachment

A. Directors (continued)

Andrew Stewart
295 Madison Ave., 5th Floor
New York, NY 10017

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WHOLESALE CARRIER SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WHOLESALE CARRIER SERVICES, INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF JULY, A.D. 2021.

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




Jeffrey W. Bullock, Secretary of State

6086566 8300

SR# 20212714369

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203683131

Date: 07-15-21