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FILED 2022 FEB 18 AM 9: 0: SECRETARY OF STATE ANASSEE, FLORIE

## **COVER LETTER**

TO: Registration Sec Division of Cor				
SUBJECT: Telecad W	Vireless Site Design Inc.  Name of corporation			
	Name of corporation	on - must include suffix	·	
Dear Sir or Madam:				
"Certificate of Existence	ion by Foreign Corporation fo e," or "Certificate of Good Sta n corporation to transact busin	inding" and check are subm		
Please return all corresp	ondence concerning this matte	er to the following:		
Rob McRee				
	Name o	f Person		
Telecad Wireless Site Des	ign Inc.			
	Firm/Co	mpany		
1961 Northpointe Blv. Su	ite 130			
	Add	ress		
Hixson, TN 37343				
	City/State	and Zip code		
rob.mcree@telecadeng.co				
	E-mail address: (to be used	for future annual report no	otification)	
For further information	concerning this matter, please	call:		
Rob McRee	at ( <sup>423</sup>	290-3969	Daytime Telephone Number	
Name of Person	1 Area Co	de Daytime Telepho	one Number	
Registration Sec Division of Cor The Centre of T	porations allahassee e Street, Suite 810	MAILING AD Registration Se Division of Cor P.O. Box 6327 Tallahassee, FI	ction porations	
Enclosed is a check for the Please make check payable ☐ \$70.00 Filing Fee	to: FLORIDA DEPARTMEN	T OF STATE  ☐ \$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.

"Inc.," "Co.," "Co	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	, COMPANY. CONTONATA	
N/A			
(If name unavaila	able in Florida, enter alternate corporate nam	e adopted for the purpose of transact	ting business in Florida)
Tennessee 2.	3	3. 621843012	
(State or country	y under the law of which it is incorporated)	(FEI number, if	applicable)
02/01/2002	5	Perpetual	
(Date	of incorporation)	(Date of duration, if other	er than perpetual)
6			
	(SEE SECTIONS 607.1501 & 607.	in Florida, if prior to registration) 1502, F.S., to determine penalty liab	pility)
7. 1961 Northpointe	Blv. Suite 130		
· ·		ffice street address)	
Same			
	(Current mai	ling address, if different)	<b>2022</b> SEI
			EB T
8. Name and stree	et address of Florida registered agent: (P	P.O. Box NOT acceptable)	FEB 18
Name:	INCORP Services, Inc.		~~ <b>~~</b>
Office Address:	17888 67th Court		AM 9: 03  OF STATE OF LORIDA
office from else.	North Loxahatchee	, Florida <u>33470</u>	O3
	(City)	(Zip code)	
Having been nam designated in this further agree to c	ent's acceptance: ned as registered agent and to accept ser application, I hereby accept the appoin comply with the provisions of all statutes r with and accept the obligations of my	ntment as registered agent and a s relative to the proper and comp	gree to act in this capacity. 🗵
_	/5/ Kathy Shi	in	

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

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS						
□Chairman	Name: Chris Day	□Chairman	Name: Stephen Hunt			
□Vice Chairman	Address:1961 Northpointe Blvd. Ste 130	□Vice Chairman	Address: 1961 Northpointe Blvd. Ste 130			
□Director	Hixson, TN 37343	□Director	Hixson, TN 37343			
President		□President				
□Vice President		■ Vice President				
□Secretary	□Treasurer	□Secretary	☐ Treasurer			
Other	Other	□Other	□Other			
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		Director				
□President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	☐ Secretary	□Treasurer			
□Other	Other	Other	Other			
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		Director				
□President	·	□President				
□Vice President		□Vice President				
☐ Secretary	Treasurer	□Secretary	□Treasurer			
Other	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.  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.



## Division of Business Services Department of State

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

#### **TELECAD WIRELESS**

February 7, 2022

ROB MCREE STE 130 1961 NORTHPOINT BLVD. HIXSON, TN 37343-5076

Request Type: Certificate of Existence/Authorization

Issuance Date: 02/07/2022

Request #:

0458770

Copies Requested:

**Document Receipt** 

Receipt #: 006907191

Filing Fee:

\$20,00

Payment-Credit Card - State Payment Center - CC #: 3823171830

\$20.00

Regarding:

TELECAD WIRELESS SITE DESIGN INC

Filing Type:

For-profit Corporation - Domestic

Control #:

402682

Formation/Qualification Date: 02/01/2001

Date Formed:

02/01/2001

Status:

Active

Formation Locale: TENNESSEE

Duration Term:

Perpetual

Business County: HAMILTON COUNTY

Inactive Date:

#### CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

### TELECAD WIRELESS SITE DESIGN INC

- \* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Cert Web User

Verification #: 051561819