Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

: (855)330-1010

**Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please **

Email Address:	
rması Andress:	

FOREIGN PROFIT/NONPROFIT CORPORATION LTE Wireless Inc.

Certificate of Status	0
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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

LTE Wirele				
	orporation: must include "INCORPORATED," " orp." "Inc.," "Co.," or "Corp.")	COMPANY," "CORPORATION,		
If name unavails	ble in Florida, enter alternate corporate name add	opted for the purpose of transacting	husiness in Florida)	
South Dake	ota 3			
South Dakota 3. (State or country under the law of which it is incorporated)		(FEI number, if applicable)		
04/09/201	8 5			
(Date	of incorporation)	(Date of duration, if other th	(Date of duration, if other than perpetual)	
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) , F.S., to determine penalty liability	y)	
244 5th Av	e Ste W221 NEW YORK, NY 10001			
	(Principal office			
	(Current mailing a	address, if different)		
Nama and stras	et address of Florida registered agent: (P.O. 1	Rox NOT acceptable)	2022 HAY	
. Name and <u>succ</u>		50.0 (<u>1.55,1.</u> 000)	and Andrews	
Name:	Registered Agents Inc.		25 Nos Nos	
ffice Address:	7901 4th St N STE 300			
	St. Petersburg	, Florida <u>33702</u> (Zip code)	AH 10: 34	
	(City)	(Zip code)	語 <u> </u>	
Degistered ag	ent's acceptance:		200	
loving heen nam	ed as registered agent and to accept service	of process for the above stated	corporation at the place	
esignated in this	application, I hereby accept the appointme omply with the provisions of all statutes rela	nt as registered agent and agre	e to act in this capacity e nerformance of my di	
irther agree to c nd Lam familiai	omply with the provisions of all statutes rea with and accept the obligations of my posit	ion as registered agent.	t perjormance by my m	
		-		
	Ru X			
_	(Registered agent's sign	nature)		
	(treffigures a presure a sufficiency suffi	· - · · · · · · · · · · · · · · · · · ·		

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.

A. DIRECTORS Name. Faizal Hassad □Chairman □ Chairman Address: 244 5th ave Ste W221 □ Vice Chairman Address' Nyc, NY 10001 □ Director **K**Director □ President & President □ Vice President ☐ Vice President □ Treasurer **X**Treasurer □Secretary **M**Secretary □Other _____ □Other _____ □Other _____ □Other __ Name. ☐ Chairman □ Chairman Name. □ Vice Chairman Address: □Vice Chairman Address: □ Director Director President President ☐Vice President □Vice President ☐ Treasurer □ Secretary Treasurer ☐ Secretary Other ____ Other _____ □Other Other _____ Name: _____ □Chairman □ Chairman Address _____ □Vice Chairman □Vice Chairman Address: Director □ Director President President □ Vice President □ Vice President □Treasurer □Secretary □ Secretary Treasurer ... Other _____ □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 blood Departmenpor State Annual Report form. abal 19 Sad 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 \$817.155, F.S.

TA - AL LIASCAD

DIRECTOR

State of South Dakota

Office of the Secretary of State

Certificate of Good Standing

Domestic Business Corporation

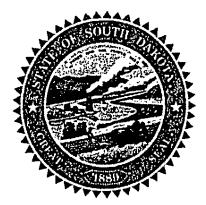
I, Steve Barnett, Secretary of State of the State of South Dakota, hereby certify that

LTE WIRELESS INC.

Business ID: DB146618

was authorized to transact business in this state on: April 9, 2018.

I, further certify that LTE WIRELESS INC. has complied with the laws of this State relative to the formation of Certificate of Good Standing/Authorizations of its kind and is now regularly and properly organized and existing under the laws of this State and is in Good Standing, as shown by the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of its financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this day.

Steve Barnett

May 11, 2022.

Steve Barnett Secretary of State

05/11/2022 8:06 PM

Verification #: 015572019