

(((H19000253798 3)))



H190002537983ABCB

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

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

<b>E</b> mail	Address:	
		 _

## FLORIDA LIMITED LIABILITY CO. 5G CELLULAR MARKET, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

DocuSign Envelope ID: 570EFB1B-4A3F-4/ 54-B510-401A16E8B74D

* ARTICLES OF	ORGANIZATION FO	OR FLORIDA LIMITED	LIABILITY COMPANY
ARTICLE I - Name:			
The name of the Limited Liabili:	/ Company is:		
.5G CELLULAR MA	RKET, LLC		
(Must cont	in the words "Limit	ed Liability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The nailing address and street ad	dress of the principa	il office of the Limited	Liability Company is:
Princip	l Office Address:		Mailing Address:
7217. NW 33RD ST		<u>SAM</u>	IE
MIAMI, FL 33172		<del></del> -	
ARTICLE III - Registered Ago (The Limited Liability Company another business entity with an a The name and the Florida street:	cannot serve as its o ctive Florida registra	wn Registered Agent. Yation.)	nt's Signature: You must designate an individua! or
	JUAN C. PULIDO		<del></del>
		Name	
	7212 NW 33RD S	r	
	Florida street add	ress (P.O. Box <u>NOT</u> ac	cceptable)
	MIAMI	FL	33172

Having been named as registered agent and to accept service of process for the above stated limited liability convary at the place designated in this certificate. 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

State

City

Docustioned by:

EDME30417/MREGIStered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

SECNETARY OF STATE

DocuSign Er vero to ID; 570EFB1B-4A3F-4A54-B510-401A16E8B74D

Title:	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	HIAN O BUR USO
AMBR	JUAN C. PULIDO 7212 NW 33RD ST
	MIAMI, FL 33172
	WIRIWI, (3233172
AMBR	SAMUEL FRIEDMAN
<u> </u>	7212 NW 33RD ST
	MIAMI, FL 33172
· ·	
V: Effective date, if other than the detive date is listed, the date must be	ate of filing: (OPTION AL) specific and cannot be more than five business days price to or "(
ctive date is listed, the date must be filing.)	specific and cannot be more than five business days prior to or "Cont the applicable statutory filing requirements, this date will no
IV: Effective date, if other than the decrive date is listed, the date must be filling.) the date inserted in this block does not ent's effective date on the Department.	specific and cannot be more than five business days prior to or "Cont the applicable statutory filing requirements, this date will no
CV: Effective date, if other than the detive date is listed, the date must be filling.) the date inserted in this block does not ent's effective date on the Department. CVI: Other provisions, if any.  REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or "Out meet the applicable statutory filing requirements, this date will not of State's records.
W: Effective date, if other than the detive date is listed, the date must be filling.) he date inserted in this block does not ent's effective date on the Department of the Other provisions, if any.  EXOURED SIGNATURE:	specific and cannot be more than five business days prior to or "One meet the applicable statutory filing requirements, this date will not of State's records.
V: Effective date, if other than the detive date is listed, the date must be filing.) the date inserted in this block does not ent's effective date on the Department's effective date on the Department's Other provisions, if any.  Signature of a This document is exert am aware that any factors.	specific and cannot be more than five business days prior to or "Out meet the applicable statutory filing requirements, this date will not of State's records.
W: Effective date, if other than the detive date is listed, the date must be filling.)  the date inserted in this block does not ent's effective date on the Department's effective date on the Department's CVI: Other provisions, if any.  Signature of a This document is exert am aware that any factors.	specific and cannot be more than five business days prior to or "Out meet the applicable statutory filing requirements, this date will not of State's records.  State's records.  State's records.  The applicable statutory filing requirements, this date will not of State's records.  The applicable statutory filing requirements, this date will not of State's records.  The applicable statutory filing requirements, this date will not of State's records.  The applicable statutory filing requirements, this date will not of State's records.

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)