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Certified Copies	Certificates	of Status
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SECRETARY OF STATE
TALLAHASSEF FINDIS

#### TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: CELLCOM INSTALLATIONS, LLC	to IT a latter of many and
(Name of Lin	nited Liability Company)
	ability Company for Authorization to Transact Business in submitted to register the above referenced foreign limited
Please return all correspondence concerning this re	natter to the following:
Diana Habenicht	·
(Na	ame of Person)
	•
Smith & Habenicht, PC	
	rm/Company)
	· · ·
	7.0
18750 Stone Oak Pkwy, Ste. 275	TE 35
	(Address)
	TAI ASS
San Antonio, TX 78258	SE SE
(City/St	tate and Zip Code)
	. Co2 → C
For further information concerning this matter, ple	ease call:
•	A
Diana Habenicht	at (210 ) 495-6540
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:
Registration Section Registration Section	
Division of Corporations Division of Corporations	
409 E. Gaines Street P.O. Box 6327	
Tallahassee, Florida 32399	Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
☑ \$125 00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate  f Status

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

CELLCOM IN	ISTALLATIONS, LLC					
·	(Name of Foreign	Limited Lia	bility Company)			
Texas		·-· 3.				
(Jurisdiction un company is orga	ider the law of which foreign limited ( anized)	liability	(FEI ou	mber, if applicab	le)	<del></del>
June 9, 2005		5.	Perpetual .			
	(Date of Organization)	,	(Duration: Year limit exist or "perpetual")	ed liability compa	any will cea	se to
-					•	
	(Date first transacted busin (See sections 608.501 & 608	ess in Flori 502 F.S. to	da, if prior to registration determine penalty liab	on.) ility)		<del>.</del>
11205 Taft La	ane, Seffner, FL 33584					
					TAL	<u>ය</u> _
**	(Street	Address of	Principal Office)		P.22	至.
. If limited lia	ability company is a manager-m	anaged co	ompany, check here		HASS	N 20
. The name ar	nd usual business addresses of t	he manao	ing members or ma	nagers are as f		PH
					F. S.	
Juan Pedros	a, 11205 Taft Lane, Seffner, FL 3	3584	· · · · · · · · · · · · · · · · · · ·	1	울코	_2
	•				DA	
						<del></del>
	· ,					•
	original certificate of existence, no more ter the law of which it is organized. (A p					
	ertificate under oath of the translator mu			autarish a ba	ciku sarkad	55,4
				-		
<ol> <li>Nature of b</li> </ol>	ousiness or purposes to be condu	rcted or b	romoted in Florida:	Telecom Indus	stry	
		<u>)                                    </u>	1			
	Junt	esp	vu)			
•	Signature of a member of (in accordance with section 608.	408(3), F.S.,	the execution of this docu	iment constitutes	•	
	an affilmation under the penalti Juan Pedrosa	es of perjury	that the facts stated herein	n are true)		
	Typed or	printed no	ame of signee		•	

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name	e of the Limited Liability (	Company is:	
CELLCOM IN	ISTALLATIONS, LLC		
2. The name	e and the Florida street add	dress of the registered agent and off	ice are:
	JUAN PEDROSA		TAL SE
•	JOAN FEDROOM	(Name)	JUN 2
	11205 Taft Lane		SSET SEE
	Florida Stree	et Address (PO. Box NOT ACCEPTABLE)	E FF
	Seffner	FL 33584	02 08 08 08
	·	City/State/Zip	A A
liability comp agent and ago relating to the	oany at the place designated ree to act in this capacity. e proper and complete perf	and to accept service of process for a d in this certificate, I hereby accept to I further agree to comply with the proformance of my duties, and I am fami agent as provided for in Chapter 608	he appointment as registered ovisions of all statutes iliar with and accept the

\$ 100.00 \$ 25.00

\$ 30.00 \$ 5.00 Filing Fee for Application Designation of Registered Agent

Certified Copy (optional)
Certificate of Status (optional)

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697

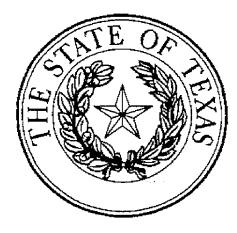


#### Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Organization for CELLCOM INSTALLATIONS, LLC (filing number: 800503076), a Domestic Limited Liability Company (LLC), was filed in this office on June 09, 2005.

It is further certified that the entity status in Texas is active.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 13, 2005.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Roger Williams Secretary of State

TTY: 7-1-1

Document: 92938860002