

MO6000004647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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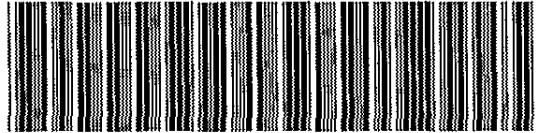
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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OFFICE OF THE CLERK



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 319809 7546207

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : August 17, 2006

ORDER TIME : 11:58 AM

ORDER NO. : 319809-005

CUSTOMER NO: 7546207

FOREIGN FILINGS

NAME: TRILOGY INTERNATIONAL
PARTNERS LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Denise Mick -- EXT# 2950

EXAMINER: _____

RESUBMIT
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SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 18, 2006

DENISE MICK
CSC
TALLAHASSEE, FL

SUBJECT: TRILOGY INTERNATIONAL PARTNERS LLC
Ref. Number: W06000036654

FILED
06 AUG 22 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for TRILOGY INTERNATIONAL PARTNERS LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

As discussed, we are returning this so that you may resubmit with the proper certificate.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Document Specialist

Letter Number: 506A00051190

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

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

1. TRILOGY INTERNATIONAL PARTNERS LLC

(Name of Foreign Limited Liability Company)

2. Washington

(Jurisdiction under the law of which foreign limited liability
company is organized)

3. 20-3922481

(FEI number, if applicable)

4. November 21, 2005

(Date of Organization)

5. Perpetual

(Duration: Year limited liability company will cease to
exist or "perpetual")

6. Upon qualification

(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 155 108th Ave. N.E., Suite 400

Bellevue, WA 98004

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

John W. Stanton, Theresa Gillespie, and Bradley J. Horwitz

PO Box 53010, Bellevue, WA 98004

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in
the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
translation of the certificate under oath of the translator must be submitted)

11. Nature of business or purposes to be conducted or promoted in Florida: telecom.

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(1), F.S., the execution of this document constitutes
an affirmation under the penalties of perjury that the facts stated herein are true.)

Richard A. Dunn, Authorized Representative

Typed or printed name 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 of the Limited Liability Company is:

TRILOGY INTERNATIONAL PARTNERS LLC

2. The name and the Florida street address of the registered agent and office are:

Corporation Service Company

(Name)

1201 Hays Street

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tallahassee

FL 32301

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company 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 608, Florida Statutes.

Corporation Service Company

By: 

(Signature)

DAVID W. NICKELSEN, ASST VP

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

UNITED STATES OF AMERICA

The State of Washington



Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

TRILOGY INTERNATIONAL PARTNERS LLC

I FURTHER CERTIFY that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 11/21/2005.

I FURTHER CERTIFY that as of the date of this certificate, TRILOGY INTERNATIONAL PARTNERS LLC remains active and has complied with the filing requirements of this office.

Date: August 21, 2006

UBI: 602-559-901



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State