8000004220

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Basilioss Ellas, Harris)						
(Document Number)						
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On the state of Onton						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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B. KOHR

SEP 17 2008

EXAMINER



ACCOUNT NO. : 072100000032

REFERENCE :

AUTHORIZATION 4

COST LIMIT :

ORDER DATE: September 15, 2008

ORDER TIME : 8:41 AM

ORDER NO. : 722325-325

CUSTOMER NO: 4360800

FOREIGN FILINGS

NAME: TOWER ENTITY 2 LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Cindy Harris -- EXT# 2937

EXAMINER:

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:

1. Tower Entity 2 LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writte consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")
2. Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
company is organized)
4. 9/4/2008 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6. upon filing
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 6200 Sprint Parkway, Overland Park, KS 66251
TASS 7
(Street Address of Principal Office)
(Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 7. The name and usual business addresses of the managing members or managers are as follows:
9. The name and usual business addresses of the managing members or managers are as follows:
Sprint Spectrum Equipment Company, L.P.,
6200 Sprint Parkway, Overland Park, KS 66251
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 ranslation of the certificate under oath of the translator must be submitted.)
1. Nature of business or purposes to be conducted or promoted in Florida: To conduct any and all
business allowed under the laws of the state of Florida
At Walense
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Scott W. Andreasen, Asst. Sect. of the Member
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Andress

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	y Comp	pany is:	
Tower Entire	ty 2 LLC			
If name unava	ailable, the alternate na	me to b	be used in the state of Florida is:	
2. The name	and the Florida street a	ddress	of the registered agent and office are:	
	Corporation Serv	ice Co	ompany	
			(Name)	
	1201 Hays Street			
	Florida St	reet Add	dress (P.O. Box NOT ACCEPTABLE)	
	Tallahassee		_{FL} 32301	
			City/State/Zip	
liability compa agent and agre relating to the obligations of	any at the place designal se to act in this capacity. proper and complete pe	ted in tl . I furti vrforma	to accept service of process for the above sta this certificate, I hereby accept the appointme ther agree to comply with the provisions of a ance of my duties, and I am familiar with ana et as provided for in Chapter 608, Florida Sta	ent as registered Il statutes l accept the
	•	00.00 25.00	Filing Fee for Application Designation of Registered Agent	

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

Delaware

DAGE

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TOWER ENTITY 2 LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF SEPTEMBER, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TOWER ENTITY 2 LLC" WAS FORMED ON THE FOURTH DAY OF SEPTEMBER, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4595961 8300

080954359

You may verify this certificate online at corp.delaware.gov/authver.shtml

Varriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6851131

DATE: 09-15-08