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EXAMINER



Calista J. Vitale (314) 719-3043 CVitale@stinson.com www.stinson.com

March 27, 2009

168 North Meramec Avenue St. Louis, MO 63105 Tel (314) 863-0800 Fax (314) 259-3971

VIA FEDERAL EXPRESS TRACKING No. 8626 4339 8420

Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Wireless Accessories, LLC

Dear Sir or Madam:

Enclosed please find an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, Certificate of Designation of Registered Agent/Registered Office and Written Consent to Adopt Alternate Name for Use in the State of Florida to be filed on behalf of Wireless Accessories, LLC, a Nevada limited liability company. Also enclosed is a Certificate of Good Standing issued by the Nevada Secretary of State on March 25, 2009 and a \$130,00 check representing the filing fees. Please provide me with evidence of the filing at your earliest convenience. For your convenience, I have enclosed a self-addressed, stamped return envelope.

Thank you for your assistance. Should you have any questions or need additional information to complete this filing, please do not hesitate to call me at (314) 719-3043.

Very Truly Yours,

STINSON MORRISON HECKER LLP

Calista Vitale Paralegal

**Enclosures** 

KANSAS CITY

cc:

Philip G. Kaplan, Esq.

OVERLAND PARK

WICHITA

WASHINGTON, D.C.

PHOENIX

ST LOUIS

OMAHA

DEFEERSON CITY

#### **COVER LETTER**

	egistration Section ivision of Corporations		
SUBJEC	Wireless Accessories, LLC (Name of Lim	nited Liability Company)	_
Florida,"	osed "Application by Foreign Limited Lia Certificate of Existence, and check are su company to transact business in Florida		
Please re	turn all correspondence concerning this n	natter to the following:	
	Calista Vitale, Paralegal		
	(Na	ime of Person)	
	Stinson Morrison Hecker L	LP	
	(Fir	rm/Company)	
	168 North Meramec Avenu	ue, Suite 400	
		(Address)	<u> </u>
	St. Louis, Missouri 63105		DHAR 30
	(City/St	ate and Zip Code)	Lid (t.
For furthe	er information concerning this matter, ple	ase cali:	PH 2: 0
С	alista Vitale	at ( 314) 719-3043	35 O
	(Name of Person)	(Area Code & Daytime Telephone	e Number)
M	AILING ADDRESS:	STREET ADDRESS:	
	ivision of Corporations	Division of Corporations	
	O. Box 6327 allahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed	is a check for the following amount: \$125.00 Filing Fee \$\sqrt{\$130.00 Filing Fee & Certificate of }\sqrt{\$130.00 Filing Fee & Certificate of }\$130.		ing Fee, Certificate Status & Certified Conv

## WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managing
Members of WIRELESS ACCESSORIES, LLC
(Name of Limited Liability Company)
a limited liability company duly organized and existing under the laws of
MISSOURI
(State or Country of Organization)
Because the name of this foreign limited liability company does not satisfy the
requirements of the s. 608.406, F.S., the limited liability company hereby adopts the
following name to transact business in the state of Florida:
WD LICENSING, LLC
(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company, L.L.C., or LLC.)
Date: March 25, 2009
Signature(s) of Manager(s) and/or Managing Member(s):
for: D & L Partners, L.P.
Dean Kretschmar Dan H

#### 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 RUSINESS IN THE STATE OF FLORIDA:

1. WIRELESS ACCESORIES, 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.")
WD LICENSING, 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. NEVADA (Jurisdiction under the law of which foreign limited liability company is organized)  3. (FEI number, if applicable)
4. 3/6/2002 (Date of Organization)  5. 3/6/2502 (Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon registration.) (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 168 N. Meramec Avenue, Suite 400
St. Louis, Missouri 63105
(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:
D & L Partners, L.P., 168 North Meramec Avenue, Suite 400, St. Louis, Missouri 63105
Dean Kretschmar, 2833 NE 35th Court, Fort Lauderdale, Florida 33308
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: Telecommunications
DJ Von allmen
Signature of a member or an authorized representative of a member.

an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

J. Von Allmen for D=L Partners, L.P.

### 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 0	Compa	any is:		
Wireless Accessories, Ll	LC			
If name unavailable, the alternate name	e to be	e used in the state of	Florida is:	
WD Licensing, LLC				
2. The name and the Florida street add	dress c	of the registered age	nt and office are:	
	СТ	Corporation System		艺品 罩
<del></del>		(Name)		2009 HAR 30 SECRETARY TALLAHASS
	1200 South Pine Island Road			
Florida Stree	ct Addr	ress (P.O. Box NOT AC	CEPTABLE)	<del></del>
Plantation		FL	33324	PH 2: 0
		City/State/Zip	· · · · · · · · · · · · · · · · · · ·	
Having been named as registered agent liability company at the place designate agent and agree to act in this capacity. relating to the proper and complete perfobligations of my position as registered  C T Corporation System  By:  (Signature)	ed in th I furth formar	is certificate, I hereb her agree to comply w hee of my duties, and	by accept the appo with the provisions I I am familiar with	intment as registere s of all statutes h and accept the
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	00.00 25.00	Filing Fee for App Designation of Re		
\$ 3	30.00	Certified Copy (o	ptional)	
\$	5.00	Certificate of Stat	us (optional)	

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **WIRELESS ACCESSORIES**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 6, 2002, and is in good standing in this state.

PAL OF THE PARTY O

ROSS MILLER

office on March 25, 2009.

ROSS MILLER Secretary of State

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my

Electronic Certificate
Certificate Number: C20090325-1801
You may verify this electronic certificate
online at http://www.nvsos.gov/