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ALLANSONEL TENNE

T. CLINE

FEB 1.8 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CONEXIONS, LLC Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
CHEISTINA B. SUTCH, ESQUIRE Name of Person
THREE DAWG MOUNTAIN, LLC. Firm/Company
6905 N. WICKHAM RD., SUITE 403 PA
MEROVENE, E. 32940 City/State and Zip Code Legal & telecomy oup. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CHEISTING B. SOTCH at (321) 373 - 1360 Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\Begin{align*} \Boxed* \text{\$125.00 Filing Fee} & \Boxed* \$
Certificate of Status Certified Copy of Status & Certified Copy

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: NEX 10HS, LLC
ne 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 written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC,") 2. TENNESSEE

(Jurisdiction under the law of which foreign limited liability company is organized) Date of Organization) PERPETU AL
(Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 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: MAS E. BIDDIX, MANAGER WICKHAM RD., SUITE 403 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: ANY AND AND Signature of a membe (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.)

Typed or printed name of signee

tomas E. BIDDI

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:	
CONEXIONS, LLC	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are: THOMAS E. BIDDIX (Name) (Name) Florida Street Address (P.O. Box NOT ACCEPTABLE) MELBOURNE FL 32940 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.

(Signature)

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



STATE OF TENNESSEE Tre Hargett, Secretary of State

Division of Business Services 312 Rosa L. Parks Avenue 6th Floor, William R. Snodgrass Tower

ASSOCIATED TELECOMMUNICATIONS MANAGEMENT SERVICES, LLC

February 3, 2010

Nashville, TN 37243

CHRISTINA B. SUTCH 6905 N. WICKHAM RD. **SUITE 403** MELBOURNE, FL 32940 USA

Request Type: Certificate of Existence/Authorization

Request #: 0007376 Issuance Date: 02/03/2010

Copies Requested:

Document Receipt

Receipt #: 48458

Filing Fee:

\$20.00

Payment-Check/MO - ASSOCIATED TELECOMMUNICATIONS MANAGEMENT SERVICES, LLC

\$20.00

Regarding:

CONEXIONS LLC

Filing Type:

Limited Liability Company - Domestic

Control #:

541669

Charter/Qualification Date: 02/16/2007

Date Formed:

02/16/2007

Status:

Active

Formation

Shelby County

Inactive Date:

Duration Term: Perpetual

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that

CONEXIONS LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has filed the most recent corporation annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination.

Tre Hargett, Secretary of State **Business Services Division**