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| PICK-UP WAIT MAIL | | | |
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| (Business Entity Name) | | | |
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| (Document Number) | | | |
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| Certified Copies Certificates of Status | | | |
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| Special Instructions to Filing Officer: | | | |
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Office Use Only



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FALLAHUSSEE, FLORING.

S. HAWKES

MAY 2 1 2010

EXAMINER



May 21, 2010

BONNIE TRENT 6100 CLARK CREEK RD STE 104 PLAINFIELD, IN 46168

SUBJECT: INFINITI WIRELESS SOLUTIONS, LLC

Ref. Number: W10000024998

We have received your document for INFINITI WIRELESS SOLUTIONS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6955.

Suzanne Hawkes Regulatory Specialist II

Letter Number: 910A00012978

COVER LETTER

| 10: | Division of Corporations | | | |
|---|--|--|--|--|
| SUBJ | ECT: | | | |
| | Name of Limited Liability Company | | | |
| | closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of nce, 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: | | | | |
| | Manie Trant Name of Person | | | |
| | Infiniti Wireless Solutions, LLC Firm/Company | | | |
| | 6/00 Clarks Creek Rd. Sk. 104 Address | | | |
| | Plainfield, DW. 46/68 City/State and Zip Code | | | |
| | b trent (6) in finitionies of Com E-mail address: (to be used for future annual report notification) | | | |
| For further information concerning this matter, please call: | | | | |
| | Bannie Trent at (317) 710-8453 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 | | | |
| Enclo | sed is a check for the following amount: \$\Bigsim \frac{1}{25.00}\$ \text{ Filing Fee} \Bigsim \frac{1}{25.00}\$ \text{ Filing Fee & Certificate of Status} \Bigsim \frac{1}{25.00}\$ \text{ Filing Fee & Certified Copy} \Bigsim \frac{1}{25.00}\$ \text{ Filing Fee, Certificate of Status & Certified Copy} \Bigsim \frac{1}{25.00}\$ \text{ Filing Fee, Certificate of Status & Certified Copy} \Bigsim \frac{1}{25.00}\$ \text{ Filing Fee, Certified Copy} \Bigsim \frac{1}{25.00}\$ Filing Fee | | | |

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

| | COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: |
|--------------|--|
| | To the Disaboration of the State of the Stat |
| 1 | (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.C.," or "L.C.," |
| cons | ame unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written ent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Lability opany," "L.L.C," "LLC.") |
| 2. <u>(J</u> | <u>Indiana</u> 3. 22-397-9449 urisdiction under the law of which foreign limited liability (FEI number, if applicable) |
| 4. | ompany is organized) |
| _ | (Date of Organization) (Date of Organization) 5. (Duration: Year limited liability company will cease to exist or "perpetual") |
| 6 | 5/26/2010 (Date first transacted business in Florida, if prior to registration.) |
| 7. | (See sections 608.501 & 608.502 F.S. to determine penalty liability) 572F Majar Blvd. Ste. 238 |
| ·· <u>-</u> | Orlando, 72. 32819 (Street Address of Principal Office) |
| 8. I | (Street Address of Principal Office) f limited liability company is a manager-managed company, check here |
| 9. 1 | The name and usual business addresses of the managing members or managers are as follows: Some Trent |
| - | 6100 Clarks Creek Rd Ste 164 |
| - | Glanfeld, IN. 46168 |
| theju | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in risdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a lation of the certificate under oath of the translator must be submitted.) |
| 11. | Nature of business or purposes to be conducted or promoted in Florida: |
| | Smill office Suite for 1 SAles rep (SAtellite affice). Bunio Trant |
| | 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.) |
| | 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 UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWIN TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE FLORIDA. | G STATEMENT 之 |
|--|---|
| rlonda, | あるの |
| : | 35 2 |
| 1. The name of the Limited Liability Company is: | 1 64 |
| Infiniti Wireless Solutions, LLC | |
| If unavailable, the alternate to be used in the state of florida is: | D. C. |
| 2. The name and the Florida street address of the registered agent and office are: | |
| Cathy Strutey (Name) 9133 S.E. Saturn Street Florida Street Address (P.O. BOX NOT ACCEPTABLE) | |
| 9133 S.E. Saturn Street Florida Screet Address (P.O. Box NOT ACCEPTABLE) | |
| Hobe Sound FL 3345 | 5 |
| Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the apparagent and agree to act in this capacity. I further agree to comply with the provisions relating to the proper and complete performance of my duties, and I am familiar with obligations of my position as registered agent as provided for in Chapter 608, Florid | niment as registered of all statutus i and accept the |
| Cathyth Shuley | |
| \$ 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 INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

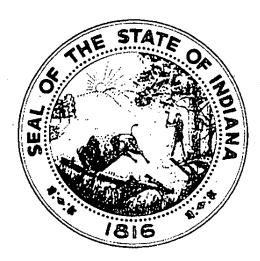
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

INFINITI WIRELESS SOLUTIONS, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on February 14, 2008, and was in existence or authorized to transact business in the State of Indiana on May 18, 2010.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Eighteenth Day of May, 2010.

TODD ROKITA, Secretary of State

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