Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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(((H10000260506 3)))



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To;	
	Division of Corporations
	Fax Number : (850)617-6383
from:	
	Account Name : C T CORPORATION SYSTEM
	Account Number : FCA00000023
	Phone : (850)222-1092
	Fux Number : (850)878-5368
	mail address for this business entity to be used for futur
annual v	eport mailings. Enter only one email address please.**

RECEIVED 10 DEC -3 PM 3: 47 Secretary of state

Foreign Limited Liability Company Communication Services, LLC

Certificate of Status	0
Certified Copy	Û
Page Count	05
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

12/3/2010

COVER LETTER

SUBJECT: Communication Services, LLC	
	Name of Limited Liability Company
The enclosed "Application by Foreign Limited I Existence, and check are submitted to register the	Liability Company for Authorization to Transact Business in Florida," Certificate one above referenced foreign limited flability company to transact business in Florida
Please return all correspondence concerning this	s matter to the following:
	Name of Person
	Firm/Company
	Типосопрану
*****	Address
	City/State and Zip Code
	nwright@dycominc.com
E-mail address	a: (to be used for future annual report notification)
For further information concerning this metter, p	elense call:
Name of Person	Area Code & Daytime Telephone Number
MAILING ADDRESS:	STREET ADDRESS;
Division of Corporations	Division of Corporations
Registration Section	Registration Section
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following am	ount: Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate

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 BY INDIESS. IN THE STATE OF ELORITA.

1. Communication Services, 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 consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabit Company," "L.L.C."	written ty
2. North Carolina (Jurisdiction under the law of which foreign limited liability company is organized) 3. 27-3857792 (FEI number, if applicable)	
4. 11/05/2010 (Date of Organization) 5. Perpental (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. 115 Surfrider Blvd., Bidg. B. Suite 3, Longs, SC 29568	10 DEC -3
(Street Address of Principal Office)	AM 7:
 If limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows: A. Andrew DeFerrari, 11770 U.S. Highway 1, Suite 101, Palm Beach Gardens, FL 33408 	1
Steven Nielsen, 11770 U.S. Highway 1, Suite 101, Palm Beach Gardens, FL 33408	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of receive 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 eath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida:	ni ebx
Telecommunications services	
Steven Vhalen	
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 penaltics of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)	
Steven Nielsen	
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:

ommunication Services, LLC
unavailable, the alternate to be used in the state of Florida is:
The name and the Florida street address of the registered agent and office are:
C T Corporation System (Name)
(Name)
Florida Street Address (P.O. Box NOT ACCEPTABLE)
•
Plantation FL 33324 City/State/Zip
tiving been named as registered ugent and to accept service of process for the above stated limited billty company at the place designated in this certificate, I hereby accept the appointment as registered ent and agree to act in this capacity. I further agree to comply with the provisions of all statutes atting to the proper and complete performance of my duties, and I am familiar with and accept the ligations of my position as registered agent as provided for in Chapter 608, Florida Statutes. CT Coporation System Madonna Cuddihy By: Special Assistant Secretary
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)



NORTH CAROLINA Department of The Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

COMMUNICATION SERVICES, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 5th day of November, 2010, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 3rd day of December, 2010.

Secretary of State

Elaine I. Marshall

Certification# 90998200-1 Reference# 10355029- Page: 1 of 1 Verity this certificate online at www.secretary.state.nc.us/verification