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EXAMINER

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ACCOUNT NO. : I2000000195

REFERENCE :

648067

5123330

AUTHORIZATION ?

COST LIMIT

ORDER DATE: January 19, 2011

ORDER TIME : 4:13 PM

ORDER NO. : 648067-020

CUSTOMER NO: 5123330

#### FOREIGN FILINGS

NAME: COX TELCOM PARTNERS, L.L.C.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd -- EXT# 2940

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 LIBIT ITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ЦМ	TTED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1.	Cox Telcom Partners, L.L.C.
- ` -	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
cons	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writter sent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability apany," "L.L.C," "LLC.")
2. I	Delaware 3. 58-2132780
	urisdiction under the law of which foreign limited liability (FEI number, if applicable) ompany is organized)
4. I	2/31/2010 5. perpetual
•	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6.	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  400 Lake Hearn Drive
7. 1	400 Lake Hearn Drive
Ä	Atlanta, GA 30319
-	(Street Address of Principal Office)
8. 1	(Street Address of Principal Office)  If limited liability company is a manager-managed company, check here
9. 7	The name and usual business addresses of the managing members or managers are as follows:
	CoxCom, Inc.
	1400 Lake Heam Drive
	Atlanta, GA 30319
theji	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in trisdiction 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 eath of the translator must be submitted.)
11.	Nature of business or purposes to be conducted or promoted in Florida: To provide local
	elecommunication service to customers and engage in any lawful act or activity
	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. 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.)
	penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a

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:				
Cox Telcom Partners, L.L.C.				
If unavailable, the alternate to be used in	the state of Florida is:			
2. The name and the Florida street address	ss of the registered agent and office are:			
Corporation Service Com	npany	_		
	(Name)			
1201 Hays Street		_		
Florida Street A	Address (P.O. Box NOT ACCEPTABLE)	_		
Tallahassee	<sub>FL</sub> 32301			
	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.

Corporation Service Company

By:

(Signature)

Troy Todd
as its agent

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

# Delaware

PAGE 3

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "COX TELCOM PARTNERS, L.L.C." 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 NINETEENTH DAY OF JANUARY, A.D.
2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COX TELCOM PARTNERS, L.L.C." WAS FORMED ON THE TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 1994.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2438001 8300

110057862

AUTHENTICATION: 8504026

DATE: 01-19-11

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