

| (Requestor's Name) | |
|---|----------|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone # |) |
| PICK-UP WAIT | MAIL |
| (Business Entity Name |) |
| (Document Number) | |
| Certified Copies Certificates o | f Status |
| Special Instructions to Filing Officer: | |
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SECRETARY OF STATE

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COVER LETTER

1-31

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: A W TO WERE 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: |
| JAMES PARTRIBGE Name of Person |
| AW SOLUTIONS INC |
| 300 CROWN OAK CENTRE DRIVE Address |
| LONGWOOD FL. 32750 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| SAMES PARTRINGE at (407) 260.0231 X 101 Name of Person Area Code & Daytime Telephone Number |
| MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 |
| Enclosed is a check for the following amount: \$\int_\$\$125.00 \text{ Filing Fee} \text{\$\subseteq}\$\$130.00 \text{ Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\int_\$\$155.00 \text{ Filing Fee & Certificate of Status}\$\$ Certified Copy |

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

1-1

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: (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 written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") Dela ware

(Jurisdiction under the law of which foreign limited liability

3. 45-3656587

(FEI number, if applicable) company is organized) 5. PER PETUAL

(Duration: Year limited liability company will cease to (Date of Organization) 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) 300 CROWN OAK (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: F. HOWAR PEPPERTREE CAPITAL TELECOM TOWER FUNDLE MAN 86 WEST STREET CHAGRIN FALLS, OHIO 44022 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: <u>Engaging</u> in The

BUS: <u>NESS of PURCHASING</u>, <u>developing</u>, <u>owning Thanaging</u> wireless

Towers owe as 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.)

TAMES PARTR'DGE
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 Cor | mpany is: | | |
|-------------------|------------------------------|-------------------------|---------------------|--|
| | AW TO | wers, | Le | |
| If unavailable, t | he alternate to be used in | the state of Florida is | : | |
| 2. The name an | nd the Florida street addre | ss of the registered ag | ent and office are: | |
| | _ JA Mes | PAR TR (Name) | isde | |
| | 300 CROW Florida Street A | Address (P.O. Box NOT | NTRE DRIVE | |
| | Longwood | FL City/State/Zip | 32750 | |

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.

Martice (Signature)

\$ 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 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AN TOWERS, LLC" 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 TENTH DAY OF NOVEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AW TOWERS, LLC" WAS FORMED ON THE TENTH DAY OF OCTOBER, A.D. 2011.

5049684 8300

. 111187636

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

AUTHENTYCATION: 9150655

DATE: 11-10-11