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To:

Division of Corporations

Fax Number : (850)617-6383

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Foreign Limited Liability Company 1 Source Towers, LLC

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#### **COVER LETTER**

TO:	Registration Section Division of Corporations			•
SUBJE	CT: 1 Source Towers, LLC			
		Name of Limited Liability Company	e.	
The ene Existen	closed "Application by Foreign Limited Loc, and check are submitted to register th	iability Company for Authorization to Transact Business in Florida, a above referenced foreign limited liability company to transact busi	" Certificate of ness in Florida	
Picase i	eturn all correspondence concerning this	matter to the following:		
	Ryan Lepene	!		
		Nume of Person		
		·	•	
Peppertree Capital Management, Inc.				
	·	Pirm/Company		
	86 West Street			
		Address		
	Chagrin Falls, Ohio 44022			
		City/State and Zip Code		
	depenc@peppertreecapital.com		,	
	E-mail address	: (to be used for future annual report notification)		
For furt	her information concerning this matter, p	lease call:		·
	Branwen Buckley	mt (212 ) 908-3949	72 Z	
	Name of Person	Area Code & Daytime Telephone Number		3 ;
<b>37</b> . <b>1</b>	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassec, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahasso, FL 32301	ARY OF STATE	
	ed is a check for the following am \$125.00 Filing Fee \$130.00 Filing Certificate of \$	Fee & [3155.00 Filing Fee & [3160.00 Filing Fee, Certification	ıte	

### 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 FOREKEN

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE	STATE OF FLORIDA:		•
1. 1 Source Towers, LLC (Name of Foreign Limited Liability Company; must inch	ide "Limited Liability Company," "L.L.C.," or "LLC.	<u>*)                                    </u>	
(If name unavailable, enter alternate name adopted for the purpo consent of the managers or managing members adopting the alte Company," "L.L.C," "LLC.")	use of transacting business in Florida and attach a copy traste name. The alternate name must include "Limitor	of the written Liability	ŀ
2. Delaware (Jurisdiction under the law of which foreign limited liability	3		
(Jurisdiction under the law of which foreign limited liability company is organized)	(PEI number, if applicable)	<del></del>	
	5 Perpetual		
(Date of Organization)	(Duration: Year limited liability company will ce exist or "perpetual")	ase to	
6. (Date first transacted business in Fl (See sections 608,501 & 608,502 F,S	orida, if prior to registration.)		
7. 6514 Meadowbrook Lane	. w determino penanty into dicy)	,	
New Port Richey, Florida 34651			
(Street Address	of Principal Office)		`
8. If limited liability company is a manager-managed	company, check here 🔀	LAND MA	
9. The name and usual business addresses of the man	aging members or managers are as follows:	ASS ASS	- ,
1 Source Wireless, LLC			ia
6514 Meadowbrook Lane			ڌ
New Port Richey, Florida 34651		ZA C	
10. Attached is an original certificate of existence, no more than 90 the jurisdiction under the law of which it is organized. (A photocoptranslation of the certificate under oath of the translator must be sub-	by is not acceptable. If the certificate is in a foreign langu mitted.)	age, a	l
<ol> <li>Nature of business or purposes to be conducted or Purchasing, developing, owning and managing wireless tele</li> </ol>	- ·	<del></del>	
Signature of a member or an at (In accordance with section 608.408(3), F.S., the exceptables of perjury that the facts stated herein are tr	athorized representative of a member.  cution of this document constitutes an affirmation under the use I am aware that any false information submitted in		
Branwon Buckley	a third degree felony as provided for in s.817.155, F.	,a.j	

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 na	me of the Limited Liability	Company is:	
1 Source W	ireless, LLC		
If unavaila	able, the alternate to be used	in the state of Florida is:	
2. The nar	me and the Florida street ad	dress of the registered agent and off	fice are:
. •	C T Corporation System		N
		(Name)	LANASS LANASS
	1200 South Pine Island Ro		<u> </u>
•	Florida Str	et Address (P.O. Box <u>NOT</u> ACCEPTABLE)	Y OF STATE SEE, FLORID
	Plantation	բ <u>լ</u> 33324	
•		City/State/Zip	NEE ARIOA
liability co agent and relating to	empany at the place designate agree to act in this capacity. The proper and complete pe		the appointment as registered provisions of all statutes miliar with and accept the 18. Florida Statutes.
	Coni		unit Secretary
	\$	00.00 Filing Fee for Application 25.00 Designation of Registered 30.00 Certified Conv (options)	

5.00 Certificate of Status (optional)

# Delaware

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## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "1 SOURCE 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 FIFTH DAY OF JANUARY, A.D. 2012.

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

5078715 8300

120016732

DATE: 01-05-12

may verify this cartificate chline