

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000016986 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023

Phone

: (850)222-1092

Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for fitture annual report mailings. Enter only one small address places er the email address for this business entity to be annual report mailings. Enter only one smail address please.

Email Address:

Foreign Limited Liability Company BBCom, LLC

Certificate of Status	O 1.71
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

JAN 23 2011

EXAMINER

https://efile.sunbiz.org/scripts/efilcovr.exe

1/20/2012

TO:TT ZI0Z/0Z/T0 2609889998

CT CORPORATION

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

IN COMPLIANCE WITH SECTION 608303, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

PRO	AND THE RESIDENCE OF THE PARTY
1. BBCom, LLC (Name of Foreign Limited Liability Company; must include the company).	e"Limited Liability Company," "L.L.C.," or "LLC.")
,	
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the alternative company, ""L.L.C." "LLC.")	c of transacting business in Florida and attach a copy of the written nate name. The ulternate name must include "Limited Liability
2. Deluware 3.	45-3068667
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4, 9/23/11 5,	Perpetual (Duration: Year limited liability company will cuase to
(Date of Organization)	(Duration: Year limited liability company will cusse to exist or "perpetual")
« Upon filing,	exist or "perpetual")
(Date first transacted business in Flor	ida, if prior to registration.)
(See sections 608.501 & 608.502 F.S.	to determine penalty liability)
7. 815 Hogan Rd., Sto. 8, PO Box 11160	713
Conway, AR 72034	
(Street Address o	f Principal Office)
8. If limited liability company is a manager-managed of	company, check here 🔀
9. The name and usual business addresses of the mana	ging members or managers are as follows:
Larry Larson, Manager, 215 Greencastle Rd., Tyron, GA 302	90
Ron Childress, Manager, 215 Grouncastle Rd., Tyrun, GA 30	298
10. Attached is an original certificate of existence, no more than 90 de the jurisdiction under the law of which it is organized. (A photocopy	nys old, duly authoraticated by the official having custody of records in
nursiation of the certificate under outh of the bandator must be subm	arri)
11. Nature of business or purposes to be conducted or p	promoted in Plarida; munage installation of cell sites
//	
Jun B	210
Signature of Synambur or an outh	Origan varyagentativa of a manular
In accordance with section 508.408(3), F.S., the execut	orized representative of a member,
penaltics of perjury that the facts stated herein are true.	I am aware that any false information submitted in a
Larry Larson, Manager	third degree felony as provided for in 9.817.155, F.S.)
Typed or printed a	ame of signee

PLUST - 1009/2010 C T System Called

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 BBCom, LLC	Company is:	
If unavailable, the alternate to be use	d in the state of Florida is:	
2. The name and the Florida street a	ddress of the registered agent and office are:	2012 JAN 20 SESSETABLE MALLAHASSE
C T Corporation System		AR .
	(Naue)	器 20
1200 South Pine Island R	હાર્ય	ΣΣΙΚΩΡ Deen E
Florida Sn	eg Address (P.O. Box <u>NOT</u> acceptable)	
		FLOWER C
Plantation	FL 33324	
	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.

By: Cut Kew Curt Kreisel
(Signature) Asst Secretary

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

ricost - 1846/2010 C 1 system (adue)

Delaware

DAGE 1

The First State

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

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

5028550 8300

120046245

You may varify this certificate online at corp.dolaware.cov/authver.shiml

AUTHENTY CATION: 9296187

DATE: 01-13-12