## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

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### Foreign Limited Liability Company Crown Castle AS LLC

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B. BOSTICK

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**EXAMINER** 

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

IN COMPLIANCE WITH SECTION (IRSIB, FLORIDA STATUTES, THE POLLOWING IS STEMITTED TO REGISTER A POREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

COI	If name unavailable, enter alternate pame adopted for the purpose of transacting busin consent of the managers or managing members adopting the alternate name. The altern Company, ""L.L.C," "(L.C.")	ess in Florens and attach a copy of the writest atts name must include "Limited Liability
	Delaware 3. 80-0714787	
Ĩ	(Jurisdiction under the law of which flurdign limited liability (FEI company is organized)	number, if applicable)
4.	4 04/29/2011 5. Perpetual	
,-	(Dute of Organization) (Duration: Year I oxist or "perpetua	mited liability company will cease to 1°)
6.	(Date first transacted business in Florids, if prior to regist (See sections 608.501 & 608.502 F.S. to determine pensity	railea.) Hability)
7.	7. 1220 Augusta, Suito 500	
	Houston, Texas 77057	2 1
	(Street Address of Principal Office)	TO HY
Q	8. If limited liability company is a manager-managed company, check h	<u> </u>
	• • •	The P
9,	9. The name and usual business addresses of the managing members or	managers are as follows:
	Crown Castle USA Inc. (Member)	managers are as tollows:
	W. Benjamin Mcreland (Manager)	DE O
	E. Blako Hawk (Managar)	
the tra	10. Attached is an original cartificate of existence, no more than 90 days old, duly authorize the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If it translation of the cartificate under oath of the translator must be submitted.)	e certificate is in a fireign language, a
11	11. Nature of business or purposes to be conducted or promoted in Flori	ida: weens mostructure
	James Hessell	
	Signature of a member or an authorized represent	
	(In accordance with section 608.408(3), F.S., the execution of this document of penalties of perjury that the facts stated herein are true. I am aware that any document to the Department of State constitutes a third degree falony Lynn Howell, Azet. Sec.	thise information automitted in a
	estern con at first a mark packs	

# 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.

	unavailable, the alternate to be use
and the Florida street address of the registered agent and office are:	The name and the Florida street a
C T Cosporation System	C T Cosporation System
(Name)	
1200 South Pine Island Road	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	Florida Si
Plantation FI 33324	Plantation
City/State/Zip	
umed as registered agent and to accept service of process for the above stated limited ny at the place designated in this certificate, I hereby accept the appointment as register to act in this capacity. I further agree to comply with the provisions of all statutes proper and complete performance of my duties, and I am familiar with and accept the my position as registered agent as provided for in Chapter 608. Florida Statutes.	ibility company at the place designa yent and agree to act in this capacity lating to the proper and complete p
ny at the place designated in this certificate, I hereby accept the appointment as register to act in this capacity. I further agree to comply with the provisions of all statutes proper and complete performance of my duties, and I am familiar with and accept the my position as registered agent as provided for in Chapter 608, Florida Statutes.  CT Composition Sympto.  By  Jayna Nickell  Asst. Secretary  \$ 100.80 Filing Fee for Application	ability company at the place designaternt and agree to act in this capacity lating to the proper and complete publications of my position as registered at T Computition By:
ny at the place designated in this certificate, I hereby accept the appointment as register to act in this capacity. I further agree to comply with the provisions of all statutes proper and complete performance of my duties, and I am familiar with and accept the my position as registered agent as provided for in Chapter 608, Florida Statutes.  CT Composition Sympto  By  Jayna Nickell  Asst. Secretary  \$ 100.80 Filing Fee for Application  \$ 25.00 Designation of Registered Agent  \$ 30.00 Certified Copy (optional)	ability company at the place designates and agree to act in this capacity lating to the proper and complete poligations of my position as registers.  By:  S S S
ny at the place designated in this certificate, I hereby accept the appointment as register to act in this capacity. I further agree to comply with the provisions of all statutes proper and complete performance of my duties, and I am familiar with and accept the my position as registered agent as provided for in Chapter 608, Morida Statutes.  CT Congostion Sympto.  By  Jayna Nickell  Asst. Secretary  \$ 100.90 Filing Fee for Application  \$ 25.00 Designation of Registered Agent  \$ 30.00 Certified Copy (optional)  \$ 5.60 Certificate of Status (aptional)	ability company at the place designates and agree to act in this capacity lating to the proper and complete poligations of my position as registers.  By:  S S S
ny at the place designated in this certificate, I hereby accept the appointment as register to act in this capacity. I further agree to comply with the provisions of all statutes proper and complete performance of my duties, and I am familiar with and accept the my position as registered agent as provided for in Chapter 608, Florida Statutes.  CT Composition Sympto  Sympt	ability company at the place designates and agree to act in this capacity lating to the proper and complete poligations of my position as registers.  By:  S S S

# Delaware

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### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CROWN CASTLE AS 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 ELEVENTH DAY OF MAY, A.D. 2012.

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

12 MAY 11 AM 7: 35

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AUTHENTICATION: 9566607

DATE: 05-11-12

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