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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

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Email Address: \_\_\_\_\_

## Foreign Limited Liability Company Mid-South Bells, LLC

ICE CEIVED 12 JUL -9 PH 3: 46 SECRETARY OF STATE OLLAHASSEE, FLORIDA

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#### COVER LETTER

	tration Section ion of Corporations	
SUBJECT: M	1id-South Bells, LLC	
	N	une of Limited Liability Company
The enclosed " Existence, and	Application by Foreign Limited Lischeck are submitted to register the	bility Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida
Please return a	Il correspondence concerning this n	ogreen to the following:
	Lowell Flatford	
		Name of Person
	Prometheus Partners, LP	
		Firm/Company
	10945 State Bridge Road, Suite 4	01-338
		Address
	Alpharetta, GA 30022	
		City/State and Zip Code
	bilatford@miodspring.cim	
	E-mail address:	(to be used for future annual report notification).
For further info	ormation concerning this matter, ple	ase call:
Lowel	1-Flatford	et (770 395-9091
<del></del>	Name of Person	Area Code & Daytime Telephone Number
Divisi Regisi P.O. E	ANG ADDRESS: on of Corporations tration Section Box 6327 lassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	a check for the following amo W Filing Fee S130.00 Filing F Certificate of St	ee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate

FL057 - 10415/2010 C"1" Lysum Calles

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

IN COMPLANCE WITH SECTION 608308, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIBERTY COMPANY TO TRANSACT HE SINKS IN THE STATE OFFICIALLY.

ر <u>ل</u> 1	UMILIED LAMBERT CEMPART TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:  MIA-South Rolls, ELC	
•	Change of Voiceign Line and Liability Company; must include "Limited Liability Company," "L.L.C.," or "LEC.")	
CO	If turns bravailable, enter elegions is non-adopted for the purpose of transacting business in Florida and affach a copy of the wonsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability company." "L.L.C." "LLC."	
2.	Dolaware 3, 27-1148817	
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4.	October 16, 2009 5. Porportial	
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	<i>a</i> . ⇔
6.		E -
	(Date first transacted business in Florida, if prior to registration.) (Soo sections 608:501 & 608:502 F.S. to determine penalty liability)	
7.	1340 Hamlet Avenue	FILED BA
	Clonovator, FL 33756	州岛主
	(Support Address of Principal Office)	
8.	. If limited Hability company is a manager-managed company, check here	
9.	. The name and usual business addresses of the managing members or managers are as follows:	
	Nicholas Patens	
	1340 Hamies Avenue	
	Clearwater, FL 33756	
#x	<ol> <li>Attached is an original certificate of existence, no more than 90 days old, duly authoritizated by the official having custody of record cjurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a relation of the certificate under onth of the translator must be submitted.)</li> </ol>	ls in
11	. Nature of business or purposes to be conducted or promoted in Florida: Postolio Management	
	Signature of a member or an authorized representative of a member.  (In accordance with section 608 4047), F.S. the presention of this december operations an affirmation under the	
	ponenties of perjuty that the focus must begin an invest that any state that any sales influention submitted in a document to the Department of State constitutes a third deprecipiony as provided for in s.\$17.155, E.S.)	
	Nicholas Peurs Typed or printed assume of signee	
	The state of the s	

PLAST- HEROCHULC TAPER COM-

#### 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,

if unavailable,	the alternate to be used in the	e state of Florida is:
2. The name a	and the Florida street address	of the registered agent and office are:
	C'T Corporation System	
		(Name)
	1200 South Pine Island Road	
	Florida Street Add	ress (P.O. Box NOT ACCEPTABLE)
	Pluntation	pr_ 33324
		City/State/Zip
liability compa agent and agre relating to the p	ny at the place designated in the to act in this capacity. I further proper and complete performately position as registered agent CT Corporation System	City/State/Zip o accept service of process for the above stated limited his certificate, I hereby accept the appointment as registe her agree to comply with the provisions of all statutes hice of my duties, and I am familiar with and accept the as provided for th Chapter 608, Florida Statutes.
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PL057 - 10A15/2016 C Y System Online

# Delaware

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MID-SOUTH BELLS, 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 NINTE DAY OF JULY, A.D. 2012.

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

4742932 8300

120815141

You may varify this certificate online at cosp. delaware. gov/authver. shtml

AUTHENTICATION: 9694686

DATE: 07-09-12