08/29/2013 14:38 3026745266 UNVISION 0 Page Division of Corporations 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. (((H130001932203))) H100001002203ABCV 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 · · · · · · Pariçim : 29 Accoupt Name : NRAL SERVICES, LLC Account Number : 7200800000104 AM 10: Phone 1 (302) 674-4089 Fax Number : (302)674-5266 \*\*Enter the email address for this business entity to be used for $\overline{P}$ annual report mailings. Enter only one email address please,\*\* sserna@crescentheights.com Email Address: . ..... 1 . Par . .



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## Foreign Limited Liability Company CH CELL TOWERS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

Help

7.

8.

9.

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	) LIABILITY COMPANY FOR AUTIIORIZATION TO 8 BUSINESS IN FLORIDA
IN COMPLIANCE WITTI SECTION 608,503, FLORIDA ST. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS I	TATUTES, THE FOLLOWING IS SUBMITTED TO RECISTER A FOREIGN IN THE STATE OF FLORIDA:
1. CH CELL TOWERS, LLC	
(Name of Foreign Limited Liability Company; must	st include "Limited Liability Company," "L.L.C.," or "LLC.")
(In name unavailable, caller alternate name adopted for the p consent of the managers or managing members adopting the Company," "L.L.C," "LLC.") 2 DELAWARE	purpose of transacting business in Florida and attach a copy of the written he alternate name. The alternate name must include "Limited Linbility APPLIED FOR
(Jurisdiction under the law of which foreign limited liabil company is organized)	
4. AUGUST 29, 2013	5 DECEMBER 31, 2043
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. UPON QUALIFICATION	
(Date first transacted business) (See sections 608.501 & 608.50)	s in Florida, if prior to registration.) 02 F.S. to determine ponalty liability)
7. 2200 BISCAYNE BOULEVARD	Acc 28
MIAMI, FL 33137	
(Street Add	
8. If limited liability company is a manager-mana	
2. The name and usual business addresses of the i	managing members or managers are as follows

-----

MANAGER - CH CELL TOWERS HOLDINGS, LLC, 2200 Biscayne Blvd., Miami, FE313

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:

Any lawful activity.

Signature of a member on an authorized representative of a member.

(In accordance with section 608 408(3), F.S., the execution of this document constitutes an affirmation order 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.)

Sharon Christenbury, Authorized Representative

Typed or printed name of signee

H13000193220 3

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## 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 Company is:

## CH CELL TOWERS, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

NRAI Services	, Inc.		
<u> </u>	(Name)	**=-	
1200 S. Pine Is	sland Road		
Florida Street A	ddress (P.O. Box NOT ACCEPTABLE)		Γ
Plantation	<sub>FL</sub> 33324	LIC 29	EKCATA KIALAT
	City/State/Zip		Y

Having been named as registered agent and to accept service of process for the above stated linking 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.

(Signature)

- 5 100.00 Filing Fee for Application
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (optional)
- \$ 5.00 Certificate of Status (optional)

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H13000193220 3

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PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CH CELL 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 TWENTY-NINTH DAY OF AUGUST, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CH CELL TOWERS, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF AUGUST, A.D. 2013.

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

AUTHENTICATION: 0700840

DATE: 08-29-13

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131038884 You may verify this certificate online at corp.delaware.gov/authvar.shtml