Florida Department of State

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ä

Foreign Limited Liability Company **NCWPCS Tower Newco LLC**

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11/27/2013

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CR2E027 (9/10)	COVER LETTER
TO: Registration Section Division of Corporations	s
SUBJECT: NCWPCS Tower N	
	Name of Limited Liability Company
The enclosed "Application by For Existence, and check are submitted	reign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of d to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence	concerning this matter to the following:
	Name of Person
	Firm/Company
<u> </u>	Address
	Virturess
	City/State and Zip Code
jb5602@att.com	E-mail address: (to be used for future annual report notification)
For further information concerning	g this matter, please call:
	M (
Name	of Person Area Code & Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the i	

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

IN COMPLIANCE WITH SECTION 608508, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	· · · · · · · · · · · · · · · · · · ·
NCWPCS Tower Newso LLC (Name of Poreign Limited Liability Company; must inc	olude "Limited Liability Company,""(_L.C.," or "LLC.")
	•
(If name unavailable, enter alternate name adopted for the purp consent of the managers or managing members adopting the al Company," "L.L.C," "LI.C,")	pose of transacting business in Florida and attach a copy of the written itemate name. The alternate name must include "Limited Liability
• • • •	
Delaware (Jurisdiction under the law of which foreign limited liability	(PBI number, if applicable)
company is organized)	(PEI minuel, it appressio)
4. 11/06/2013	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
5December 2, 2013	SE S T
(Date first transacted business in 1 (See sections 608.501 & 608.502 F.	IC to determine assetts lightlifts)
	.s. to determine penalty matrixy)
7. 1025 Lenox Park Blvd NE, Atlanta, GA 30319	
	To the Park of the
(Street Addre	es of Principal Office)
. If limited liability company is a manager-manage	ed company, check here
The man and usual business addresses of the sec	needer member or managers are as follows:
. The name and usual business addresses of the ma	susfing memoris of managers are as follows.
New Cingular Wireless PCS, LLC, 1025 Lenox Park Blve	d NB, Atlanta, GA 30319
, , , , , , , , , , , , , , , , , , , 	
O. Attached is an original octificate of existence, no more than !	90 days old, duly authenticated by the official having custody of records in
ne jurisdiction under the law of which it is organized. (A photo	copy is not acceptable. If the certificate is in a fireign language, a
anslation of the certificate under oath of the translator must be s	arpanisted)
1. Nature of business or purposes to be conducted	or promoted in Florida:
Ownership and/or operation of wireless communications to	ower sites.
	<u>- </u>
Signature of a member or an	authorized representative of a member.
(In accordance with acction 608.408(3), F.S., the ex	eccution of this document constitutes an affirmation under the
penalties of perjury that the facts stated herein are document to the Department of State constitution	true. I am aware that any false information submitted in a ties a third degree felony as provided for in s.817.155, F.S.)
Nate Thurgood, Assistant Secretary of Manager of New Cingular Wireless, P.	AT&T Mobility Corporation, CS, LLC. Sole Member
	ted name of signes

1. The name of the Limited Liability Company is:

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.

unavailabl	le, the alternate to be used in the state of Florida is:	
		·
The name	e and the Florida street address of the registered agent and office are:	TALLAHA
	C T Corporation System	
	(Name)	
	·	77 - 107
	1200 South Pine Island Road	공실 록 ㅁ
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	NGE 1
	, , , , , , , , , , , , , , , , , , , ,	8 - 8
	N	ω
	Plantation FL 33324	
	City/State/Zip	
ibility com gistered.ag atutes relat	named as registered agent and to accept service of process for the abov pany at the place designated in this certificate, I hereby accept the appoi gent and agree to act in this capacity. I further agree to comply with the ting to the proper and complete performance of my duties, and I am fami	intment as provisions of all iliar with and
ibility comp gistered ag atutes relat cept the ob	named as registered agent and to accept service of process for the above pany at the place designated in this certificate, I hereby accept the appoi gent and agree to act in this capacity. I further agree to comply with the ting to the proper and complete performance of my duties, and I am fami bligations of my position as registered agent as provided for in Chapter t	intment as provisions of all iliar with and
ibility comp gistered ag atutes relat cept the ob	named as registered agent and to accept service of process for the above pany at the place designated in this certificate, I hereby accept the appoint and agree to act in this capacity. I further agree to comply with the ting to the proper and complete performance of my duties, and I am family bligations of my position as registered agent as provided for in Chapter 6.	intment as provisions of all iliar with and
ability comp gistered ag atutes relat scept the ob	named as registered agent and to accept service of process for the above pany at the place designated in this certificate, I hereby accept the appoi gent and agree to act in this capacity. I further agree to comply with the ting to the proper and complete performance of my duties, and I am fami bligations of my position as registered agent as provided for in Chapter t	intment as provisions of all iliar with and
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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "NCWPCS TOWER NEWCO 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-FIFTH DAY OF NOVEMBER, A.D. 2013.

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

13 NOV 27 8: 18

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You may verify this certificate online at corp. delaware. gov/authwer. shoul

AUTHENTY CATION: 0924878

DATE: 11-25-13