### Florida Department of State

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.

(((H13000262142 3)))



H130002621423ABCV

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 : FCA000000023 Phone

: (850) 222-1092

Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

#### Foreign Limited Liability Company AMWOHI Tower Newco LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

DEC - 2 2013

A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

CR2E027 (9/10)	cov	ER LETTER		
TO: Registration Section Division of Corporations				•
SUBJECT: AMWOHI Tower New	veo LLC			
	Name of Lim	ited Liability Company		
The enclosed "Application by Foreig Existence, and check are submitted it	gn Limited Liability Com to register the above refer	pany for Authorization to Tre enced foreign limited liability	nesact Business in Florids," y company to transact busin	ess in <b>Fl</b> òrid
Please return all correspondence cor	ncerning this matter to the	following:	ਜ਼ਿਲ (ਨੇ: (ਨੇ: (ਨੇ:	TEN 27
	Na	me of Person		171
<del>- y.</del>	Fi	nn/Company	7. W :	· 7
· .		Address		
——————————————————————————————————————	City/8t	ate and Zip Code		
jb5602@ntt.com	-mail address: (to be used	for future annual report noti	fication)	•
For further information concerning t	his matter, please call:			· ·
·		_ at ()		
Name of	Person Area	Code & Daytime Telephone	Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Divisio Registr Clifton 2661 E	TADDRESS: n of Corporations ation Section Building accutive Center Circle assec, FL 32301	٠.	
Enclosed is a check for the fol	lowing amount: 2 \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Foe & Certified Copy	1 \$160,00 Filing Fee, Co	

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

IN COMPLIANCE WITH SECTION 608.508, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

THE STATE OF PERSONS			
1. AMWOHI Tower Newco LLC (Name of Foreign Limited Liability Company; must Include "Limited Liability Company," "L.L.C.," o	- (1)-1 20 115		
Carry Company, Company, most minute training Company, C.C.C., O	r LLC.		
(If some unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attac	h a aanu ad	•h:	
consent of the managers or managing members adopting the alternate name. The alternate name must include	n a copy or Limited Li	me wnu sbilûv.	en
Company," "L.L.C," "LLC.")		23.5	
2. Doleware 3. 27-3051182	3. · · · · · · · · · · · · · · · · · · ·	<del>7.5</del>	6-44-12-14 6 5
(Jurisdiction under the law of which foreign limited liability (PEI number, if applicable)	ق دون		**************************************
company is organized)		7	<u>1</u> 7 <del>1</del>
4. 11/06/2013 5. Perpetual	! *1 <del>**</del>		, , , , , , , , , , , , , , , , , , , ,
(Date of Organization) (Duration: Year limited liability companies or "perpetual")	y will cease	to	1. ai [ 48-1-49>
	و بنشو لام پار معطور برامام	***	4
6. December 2, 2013  (Date first transacted business in Florids, if prior to realistration.)			
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	•		
7. 1025 Lenox Park Blyd NB, Atlanta, GA 30319	•		
	<u></u>		
(Street Address of Principal Office)			
8. If limited liability company is a manager-managed company, check here			
9. The name and usual business addresses of the managing members or managers are as followed	lows:		
ATET Mability 160 roland Charactions 11-1-11-12 to 4000 1 and 500 block 150 attacks CA good	_		
AT&T Mobility Wireless Operations Holdings, Inc., 1025 Lenox Park Blvd NE, Atlanta, GA 3031	9		
		-	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official hav		~~~~~~	l- L.
the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fore			zà fit
translation of the certificate under each of the translator must be submitted.)	-6	,, v	
11 Nature of the second of the			
11. Nature of business or purposes to be conducted or promoted in Florida:			
Ownership and/or operation of wireless communications tower sites.		,	
Si-ties of the side of the sid	•		
Signature of a member or an authorized representative of a member.  (In accordance with section 608,408(3), F.S., the execution of this document constitutes an affirmation u	eder the		
pensities of perjury that the facts stated herein are true. I am aware that any false information subm	itted in a		,
document to the Department of State constitutes a third degree felony as provided for in s.817	.155, P.S.)	•	
Samy Ben Alssa, Assistant Secretary of AT&T Mobility Wiroless Operations Holdings, Inc.	, Sole Mem	ьет	
Typed or printed name of signee			

1. The name of the Limited Liability Company is:

AMWOIII Tower Newco LLC

# 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.

<del></del>	
•	<u> </u>
The name and the Florida street address of the registered agent and office are:	27
C T Corporation System	
(Narte)	
1200 South Pine Island Road	<del></del>
Florida Street Address (P.O. Box NOT ACCEPTABLE)	ů.
	•
Plantation FL 33324	
City/State/Zip	
rving been named as registered agent and to accept service of process for the above bility company at the place designated in this certificate, I hereby accept the appoli	
ibility company at the place designated in this certificate, I hereby accept the appoint gistered agent and agree to act in this capacity. I further agree to comply with the pattern relating to the proper and complete performance of my duties, and I am familiare the obligations of my position as registered agent as provided for in Chapter 6 atutes.  CT Corporation System  Kristin Bolden	ntment as provisions of all liar with and
ability company at the place designated in this certificate, I hereby accept the appoint a positive agent and agree to act in this capacity. I further agree to comply with the pattern relating to the proper and complete performance of my duties, and I am familiate the obligations of my position as registered agent as provided for in Chapter 6 atutes.  CT Corporation System  Kristin Bolden  By:  Assistant Secretary	ntment as provisions of all liar with and
ability company at the place designated in this certificate, I hereby accept the appolaristered agent and agree to act in this capacity. I further agree to comply with the pattern relating to the proper and complete performance of my duties, and I am familiate the obligations of my position as registered agent as provided for in Chapter 6 attites.  CT Corporation System  By:  Kristin Bolden  Assistant Secretary  (Signature)	ntment as provisions of all liar with and
ability company at the place designated in this certificate, I hereby accept the appolaristered agent and agree to act in this capacity. I further agree to comply with the pattern relating to the proper and complete performance of my duties, and I am familiarithe obligations of my position as registered agent as provided for in Chapter 6 actutes.  CT Corporation System  By:  Kristin Bolden  Assistant Secretary  (Signature)  \$100.00 Killing Fee for Application	ntment as provisions of all liar with and
ability company at the place designated in this certificate, I hereby accept the appolaristered agent and agree to act in this capacity. I further agree to comply with the pattern relating to the proper and complete performance of my duties, and I am familiate the obligations of my position as registered agent as provided for in Chapter 6 attites.  CT Corporation System  By:  Kristin Bolden  Assistant Secretary  (Signature)	ntment as provisions of all liar with and

# Delaware

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELANARE, DO HEREBY CERTIFY "AMNOHI 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.

5428279 8300

DATE: 11-25-13