

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H14000011692 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

PE-SUBMIT

From:

Account Name

C T CORPORATION SYSDEM CONTRACTOR TO THE STATE OF THE STA

Phone

Fax Number

Account Number: FCA000000023

: (850)222-1092 : (850)878-5368

date of submission 1/15

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

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Foreign Limited Liability Company CROWN CASTLE NG EAST LLC

Certificate of Status 0 Certified Copy 0 05/6 Page Count Estimated Charge \$125.00

Electronic Filing Menu

Corporate Filing Menu

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N. Cuffigen JAN 232014

COVER LETTER

	istration Section sion of Corporations				
SUBJECT:	Crown Casile NG E	BELLC			
		Name of Lin	ited Liability Compa	any	
The enclosed Existence, and	"Application by For d check are submitte	eign Limited Liability Com d to register the above refer	pany for Authorization	on to Tre d liability	nsact Business in Florida," Certificate company to transact business in Florid
Please return	all correspondence o	oncerning this matter to the	following:		
	Lynn Howell	•			
	<u>.</u>	N	ame of Person		
	Crown Castic No	G East LLC			
	 	Fi	rm/Company		
	1220 Augusta D	rive, Suite 600			
			Address		
	Houston, Texas	77057			
	- 1	City/St	ate and Zip Code		
	iynn.howell@cro	wncastle.com			
	·	E-mail address: (to be used	for future annual re	port notif	ication)
For further in	formation concerning	g this matter, please call:			
Lyni	n Howell		at (713	570-300	00
	Nance	of Person	Area Code	Daytin	ne Telephone Number
Divi Regi P.O.	ILING ADDRESS: sion of Corporations istration Section Box 6327 ahassee, FL 32314	Divisio Registr Clifton 2661 E	ET ADDRESS: n of Corporations ation Section Building xecutive Center Circ ussee, FL 32301	de	
	a check for the f 125.00 Fillog Fee	ollowing amount: \$\Boxed{\Boxes\$ 130.00 Filing Fee & Certificate of Status}	□ \$155.00 Filing Certified Copy		□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

850-617-6381

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January 16, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: CROWN CASTLE NG EAST LLC

REF: W14000003069

Please relationships of Alise

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch Regulatory Specialist II FAX Aud. #: H14000011692 Letter Number: 314A00001077

RECEIVED

14 JAN 22 PM 1: 08
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

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

IN COMPLIANCE WITH SECTION 603.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	M130/1
Crown Castle NG Bast LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "CLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the someont of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C."	written ly
2. Delaware 3, 51-0437800	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. Upon qualification	
(Date first transacted business in Flurida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 1220 Augusta Drive, Suite 600	1 2
Houston, Texas 77057	一声
(Street Address of Principal Office)	5
6. 1220 Augusta Drive, Suite 600	
Housion, Texas 77057	بيني المرابع
(Malling Address)	71.7
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
E. Biake Hawk, 1220 Augusta Drive, Suite 600, Houston, Texas 77057 manager	3.5
Jay A. Brown 1220 Augusta Drive, Suita 600, Houston, Texas 77057 manager	
W. Benjamin Moreland 1220 Augusta Drive, Suite 600, Houston, Texas 77057 manager	,
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reciniting jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fixeign language, a translation of the certificate under oath of the translator must be submitted.)	
CRE 6 JANZOLA	
Signature of an authorized person	
(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of parjury 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.)	
B. Blake Hawk, Manager	•
Typed or printed name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF PLORIDA.

1. The name of the Limited Liability Company is:

Crown Castle NG East LLC							
If unavailable, the alternate to be used in the state of Fiorida is:							
2. The name and the Florida street address of the registered agent and office are:							
C T Corporation System	m						
	(Name)						
1200 South Pine Island	1200 South Pine Island Road						
Plurida S	Suren Address (P.O. Box NOT ACCEPTABLE)						
Plantation	FL 33324						
	City/State/Zip						
liability company at the place designing registered agent and agree to act in the statutes relating to the proper and confidence of the obligations of my position Statutes. CT Geoporation 8 By:	Asst. Secretary 100.00 Filing Fee for Application 25.00 Designation of Registered Agent 30.00 Certified Copy (optional)						

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CROWN CASTLE NG EAST 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 THIRTEENTH DAY OF JANUARY, A.D. 2014.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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You may vorify this cortificate online at ours, delaware, gov/outhver, shtml

Jeffrey W. Dullock, Secretory of State

DATE: 01-13-14