**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.

(((H14000036251 3)))



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

Please retain original filing date of submission zisiy

From:

Account Name

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 ATC TRS I LLC

Certificate of Status	0
Certified Copy	0
Page Count	9506
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

K.SNNEXAMINATE: FEB 17 2014

FLORIDA DEPARTMENT OF STATE **Division of Corporations** 

February 14, 2014

CT CORPORATION SYSTEM

SUBJECT: ATC TRS I LLC

REF: W14000009593

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.

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).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Karen A Saly Regulatory Špecialist II FAX Aud. #: H14000036251

Letter Number: 314A00003403

Please retain original filing date of submission 2/13/14

4 FEB 14 PM 1:22

•	COVER LETTER	
т	): Registration Section  Division of Cornerations	
Q!	BJECT: ATCTRSILLC	• :
. 5	Name of Limited Liability Company	
TI E:	e enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Centence, and check are submitted to register the above referenced foreign limited liability company to transact business	rtificate of in Florida.
PI	ase return all correspondence concerning this matter to the following:	
	Barbara M. Paiva	
	. Name of Person	
	American Tower Corporation	· ·
	Firm/Company	
•	116 Huntington Avenue	• •
	Address	
	Boston, MA 02116	
	Clty/State and Zip Code	
	annual reports@americantower.com	•. •
: .	B-mail address: (to be used for future annual report notification)	
Pç	r further information concerning this matter, please call:	
	Barbara M. Paiva at (617 ) 375-7500	
	Name of Contact Person Area Code Daytimo Telephone Number	
	MAILING ADDRESS:       STREET ADDRESS:         Division of Corporations       Division of Corporations         Registration Section       Registration Section         P.O. Box 6327       Clifton Building         Tallahassee, FL 32314       2661 Executive Center Circle	
Ei Ei	Tallahassee, FL 32301 closed is a check for the following amount:	•
	☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Cartificate of Status Certified Copy of Status & Certified Copy	

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

IN COMPLIANCE WITH SECTION 605.0902. FLORIDA STATUTES: THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Manne of Lo	reign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
name unavailable, enter ability Company," "L.L.	alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited C," or "LLC.")
Delaware	3.
(Jurisdiction under the li- company is organized)	aw of which foreign limited liability (Fill number, if applicable)
	(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, P.S. to determine penalty liability)
116 Huntington Ave	emue, Boston, MA 02116
0 1100000000000000000000000000000000	(Street Address of Principal Office)
5	
111/77	50
110 Hungion Ave	mue, Boston, MA 02116 (Mailing Address)
. The name, title o	or capacity and address of the person(s) who has/have authority to manage is/are:
•	or capacity and address of the person(s) who has/have authority to manage is/are:
•	
Chad J. Lind  3. Attached is an orinaving custody of re	
Chad J. Lind  Attached is an originating custody of receptable. If the cer	ginal certificate of existence, no more than 90 days old, duly authenticated by the official cords in the jurisdiction under the law of which it is organized. (A photocopy is not
Chad J. Lind  3. Attached is an orinaving custody of reacceptable. If the cerumst be submitted)	ginal certificate of existence, no more than 90 days old, duly authenticated by the official cords in the jurisdiction under the law of which it is organized. (A photocopy is not
Chad J. Lind  Attached is an originating custody of receptable. If the certain the submitted	ginal certificate of existence, no more than 90 days old, duly authenticated by the official cords in the jurisdiction under the law of which it is organized. (A photocopy is not rifficate is in a foreign language, a translation of the certificate under oath of the translated Signature of an authorized person

MACL - MAAROLA Walker Theory College

### 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 FLORIDA.

1. The name	of the Limited Liability	Company is:	•
ATC TRS I LL	c		
If unavailable	e, the alternate to be used	l in the state of Florida is:	THE REPORT OF THE
2. The name	and the Florida street ad	dress of the registered agent and office are:	TASSER OF THE
	C T Corporation System	·	70, 9
		(Name)	ORIE 19
,	1200 South Pine Island R		**************************************
• .	Florida Str	rect Address (P.O. Box NOT ACCEPTABLE)	
	-4		
	Plantation	FL 33324 City/State/Zip	-
•			• • • • • • • • • • • • • • • • • • • •

Having been named as registered agent and to accept service of process for the above stated limited 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 605, Florida Statutes.

By Cf Corporation System Hous - VP
(Signature)

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

# Delaware

PAGE I

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ATC TRS I 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 ELEVENTH DAY OF FEBRUARY, A.D. 2014.

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

5446787 8300

140159925

You may verify this cortificate online

AUTHENTICATION: 1125684

DATE: 02-11-14