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<u>·</u>
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
·
Special Instructions to Filing Officer:

Office Use Only

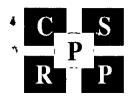


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Phillips, Cantor, Shalek, Rubin & Pfister, P.A.

ATTORNEYS AT LAW

July 10, 2014

Via FedEx

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Application by Foreign Limited Liability Company GuideWave Communications, LLC

Dear Sir/Madam:

Enclosed please find the following:

- 1. Original executed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida.
- 2. Original Certificate of Good Standing and Legal Existence issued by the Delaware Secretary of State on July 9, 2014.
- 3. Check made payable to the Florida Department of State in the amount of \$125.00 to cover the filing fee and designation of registered agent.

Please file the attached Application immediately. If there are any delays in processing the Application, please contact the undersigned immediately.

Very truly yours,

Jeffrey J. Wolfe

COVER LETTER

TO:

Registration Section Division of Corporations

SUR IECT.

GuideWave Communications, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Marci A. Rubin				
Name of Person				
Phillips, Cantor, Shalek, Rubin & Pfister, P.A.				
Firm/Company				
4000 Hollywood Blvd., Suite 500-N				
Address				
Hollywood, Florida 33021				
City/State and Zip Code				
mrubin@phillipslawyers.com				
E-mail address: (to be used for future annual report notification)				

For further information concerning this matter, please call:

Marci A. Rubin

Name of Contact Person

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS: Division of Corporations

Registration Section P.O. Box 6327 Tallahassee, FL 32314 **STREET ADDRESS:**

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate 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:

L GuideWave Comm	unications, LLC
(Name of Foreign Lin	nited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate Liability Company," "L.L.C," or "L	name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited LC.")
_{2.} Delaware	3.
(Jurisdiction under the law of wh company is organized)	ich foreign limited liability (FEI number, if applicable)
4. N/A	
	(Date first transacted business in Florida, if prior to registration.) See sections 605,0904 & 605,0905, F.S. to determine penalty liability)
5. 3430 NE 6th Te	errace
Pompano Beac	h, Florida 33064
_{6.} 3430 NE 6th Te	(Street Address of Principal Office)
Pompano Beac	h, Florida 33064 (Mailing Address)
•	city and address of the person(s) who has/have authority to manage is/are:
James Roberts, N	Managing Member
3430 NE 6th Terr	ace
Pompano Beach,	Florida 33064
having custody of records is acceptable. If the certificate must be submitted) (In accordance with section 605.0203. Van aware that any false information sub-	ertificate of existence, no more than 90 days old, duly authenticated by the official in the jurisdiction under the law of which it is organized. (A photocopy is not e is in a foreign language, a translation of the certificate under oath of the translator. Signature of an authorized person S., the execution of this document constitutes an affirmation under the penalties of perjury that it offices stated herein are true; mitted in a document to the Department of State constitutes a third degree felony as provided of its 817-55, Figure 1. Rubin, Authorized Representative
	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 FLORIDA.

I.	The	name	of	the	Limited	Liabil	lity	Company is	:
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GuideWave Communications, 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:

Marci A. Rubin	l
	(Name)
4000 Hollywoo	d Blvd., Suite 500-N
Florida Street A	ddress (P.O. Box NOT ACCEPTABLE)
Hollywood	FL 33021
	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.

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GUIDEWAVE COMMUNICATIONS, 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 NINTH DAY OF JULY, A.D. 2014.

14 JUL 11 PM 4:21

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140934681

AUTHENTY CATION: 1521485

DATE: 07-09-14

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