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Certified Copies	Certificates of	f Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

OCT 2 1 2014 T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Your Wireless Solutions, UC. 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:
Sonny Name of erson
Your Wireless Solutions, LLC
1306 Perimeter Park
Knoxyille TW 37922 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Carissa Simpson at (423) 593-6070 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:

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;
Your Wireless Solutions, I.C.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unpossible outputs are advanted for the course of transition in Florida The decourse of the latest of the course of the
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
2. Tennessee (Jurisdiction under the law of which foreign limited liability company is organized) 3. 25-1913724 (FEI number, if applicable)
4. gune 16,2014
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5 4080 N Hatus Ko Egg g TI
Sunrise FL 33351 超三三
(Street Address of Principal Office) 6 Perimeter Oark
6. 1306 PENMETED DUN
MOVINE N 31922 3 3 3
7. The name title or conscitu and address of the name of the has/house outhority to manage is/one.
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Sonny Nguyen, Purtner
Jason Dobbins, Hartner
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not
acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator
must be submitted)
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 perjury 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.)
Typed or printed name of signee
' 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.

1. The name of the Limited Liability Company is: Your Wireless Solutions, UC.			
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:			
Sonny Naugen			
Florida Street Address (P.O. Box NOT ACCEPTABLE)			
(1) only 2277/			

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.

(Signature)

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



STATE OF TENNESSEE Tre Hargett, Secretary of State

Division of Business Services

William R. Snodgrass Tower 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

YOUR WIRELESS SOLUTIONS LLC

September 15, 2014

STE G

130 PERIMETER PARK RD KNOXVILLE, TN 37922-2240

Request Type: Certificate of Existence/Authorization

Request #:

0139066

Issuance Date: 09/15/2014

Copies Requested:

Document Receipt

Receipt #: 1641141

Filing Fee:

\$20.00

Payment-Check/MO - YOUR WIRELESS SOLUTIONS LLC, KNOXVILLE, TN

\$20.00

Regarding:

Your Wireless Solutions LLC

Filing Type:

Limited Liability Company - Domestic

Formation/Qualification Date: 08/04/2010

Status:

Active

Duration Term:

Perpetual

Business County: KNOX COUNTY

Control #:

637012

Date Formed:

08/04/2010

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I. Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Your Wireless Solutions LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * is delinquent in the payment of one or more of the fees, taxes or penalties owed to the State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of this business.
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Verification #: 008693430 Processed By: Sheila Keeling