

**MIS00006165**

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.

((H15000188534 3)))



H150001885343ABC2

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)205-8842  
Fax Number : (850)878-5368

2015 AUG - 4 A 9 19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

\*\*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**

**The Cellular Connection, LLC d/b/a The Cellular Connection, LLC ( FL )**

Certificate of Status	0
Certified Copy	0
Page Count	084
Estimated Charge	\$125.00

AUG 06 2015  
D. BRUCE

RECEIVED

15 AUG - 5 PM 4: 30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*RE-SUBMIT\*

Electronic Filing Menu

Corporate Filing Menu

Help

State of Florida

8/4

8/5/2015 2:28:07 PM From: To: 8506176383( 2/6 )  
000-017-0301 8/5/2015 8:48:05 AM PAGE 1/001 Fax Server



August 5, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CT

SUBJECT: THE CELLULAR CONNECTION, LLC (FL)  
REF: W15000052566

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

The ending of LLC must be at the end of the limited liability name, not in the middle.,

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

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

FAX Aud. #: H15000188534  
Letter Number: 815A00016412

2015 AUG -4 A 9:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

RECEIVED  
15 AUG -5 PM 4:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*RE-SUBMIT\*  
Please check the filing  
date of submission 8/4

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Cellular Connection, 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:

_____	<small>Name of Person</small>
C T Corporation System	
_____	<small>Firm/Company</small>
_____	<small>Address</small>
_____	<small>City/State and Zip Code</small>
kwiley@tccrocks.com	
<small>E-mail address: (to be used for future annual report notification)</small>	

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 AUG -4 A 9:20

FILED

For further information concerning this matter, please call:

C T Corporation System \_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
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:

☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

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

**1. The Cellular Connection, LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

The Cellular Connection, LLC (FL)

(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. Indiana**

(Jurisdiction under the law of which foreign limited liability company is organized)

**3. 35-1839821**

(FBI number, if applicable)

**4. Upon Qualification**

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

**5. 525 Congressional Boulevard, Carmel, IN 46032**

(Street Address of Principal Office)

**6. Same**

(Mailing Address)

**7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:**

Round Room Holdings, Inc., Sole Member, 525 Congressional Boulevard, Carmel, IN 46032

**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.)

Kathryn Wiley

Typed or printed name of signee

FILED  
2015 AUG -4 ~ 9:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

The Cellular Connection, LLC

If unavailable, the alternate to be used in the state of Florida is:

The Cellular Connection, LLC (FL)

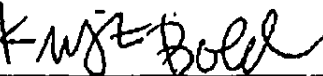
2. The name and the Florida street address of the registered agent and office are:

<u>CT Corporation System</u> (Name)	2015 AUG - 4 A 9:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA
<u>1200 South Pine Island Road</u> Florida Street Address (P.O. Box NOT ACCEPTABLE)	
<u>Plantation FL 33324</u> 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.*

CT Corporation System

By:



(Signature)

Kristin Bolden  
Assistant Secretary

\$ 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 INDIANA  
OFFICE OF THE SECRETARY OF STATE  
CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greetings:

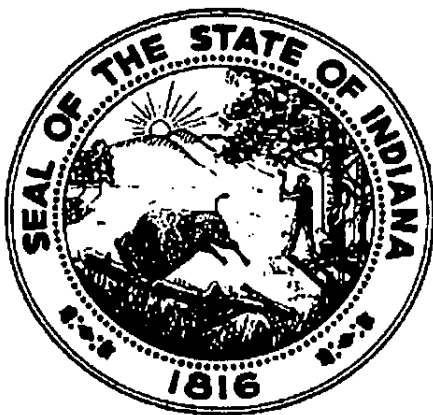
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

**THE CELLULAR CONNECTION, LLC**

duly filed the requisite documents to commence business activities under the laws of State of Indiana on October 24, 1991, and was in existence or authorized to transact business in the State of Indiana on August 04, 2015.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Fourth Day of August, 2015.

*Connie Lawson*

Connie Lawson, Secretary of State

1991100923 / 2015080464885