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Florida Department of State  
Division of Corporations  
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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

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\*\*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  
Mobile Communications of North Florida, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 04       |
| Estimated Charge      | \$130.00 |

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9/14/2015 5:27:23 PM From: To: 8506176383( 2/4 )

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Mobile Communications of North Florida, 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:

Jason C. Lynch

Name of Person

Johnson Management, LLC

Firm/Company

100 Dunbar Street, Suite 400

Address

Spartanburg, SC 29306

City/State and Zip Code

jlynch@johnsondevelopment.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason C. Lynch

at 864 594-5826

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 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:**

1. Mobile Communications of North Florida, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(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 "L.L.C.")

2. Georgia 3. \_\_\_\_\_ (FBI number, if applicable)  
(Jurisdiction under the law of which foreign limited liability company is organized)

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

5. 100 Dunbar Street, Suite 202  
Spartanburg, South Carolina 29306  
(Street Address of Principal Office)

6. 100 Dunbar Street, Suite 202  
Spartanburg, South Carolina 29306  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: C T Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(City) (Zip code)

**Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

By: C T Corporation System Connie Bryan  
(Registered agent's signature) (Assistant Secretary)

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

John M. Blackman, Chief Executive Officer and President 100 Dunbar Street, Suite 202 Spartanburg, South Carolina 29306

Greg Stephan, Chief Financial Officer 100 Dunbar Street, Suite 202 Spartanburg, South Carolina 29306

Benjamin R. Wall II, Secretary 100 Dunbar Street, Suite 202 Spartanburg, South Carolina 29306

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

[Signature]  
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Jason C. Lynch  
Typed or printed name of signer

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### MOBILE COMMUNICATIONS OF NORTH FLORIDA, LLC

##### a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

|                     |              |
|---------------------|--------------|
| Docket Number       | : 12156665   |
| Date Inc/Auth/Filed | : 09/04/2015 |
| Jurisdiction        | : Georgia    |
| Print Date          | : 9/9/2015   |
| Form Number         | : 211        |



*B. P. Kemp*

Brian P. Kemp  
Secretary of State