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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	· #)
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COVER LETTER

ΉO:	Registration Section
	Division of Corporations

SUBJECT:	Ubiq Commuication	ns, LLC			
SUBJECT:		Name of	Limited Liability Compan	у	
The enclose Existence, a	d "Application by For nd check are submitte	reign Limited Liability Com d to register the above refer	pany for Authorization to enced foreign limited liabi	Transact Business in Florida," Certificate of lity company to transact business in Florida.	
Please return	all correspondence of	concerning this matter to the	following:		
	Mia Smith				
		N	ame of Person		
	FTE Networks				
	Firm/Company				
	999 Vanderbilt Beach Road, Suite 601				
			Address		
	Naples, FL 341	08			
		City/S	tate and Zip Code		
	Ssinith@ftenet.co	om			
		E-mail address: (to be use	d for future annual report i	notification)	
For further i	nformation concernin	g this matter, please call:			
Mi	a Smith		267 262-4	0687	
 -	Name o	of Contact Person		aytime Telephone Number	
MA	ILING ADDRESS:		ST <u>r</u> E	ET ADDRESS:	
Division of Corporations		Division of Corporations			
Reg	sistration Section			ration Section	
P.C	. Box 6327			Building	
Tal	lahassee, FL 32314			executive Center Circle assee, FL 32301	
Enclosed is	check for the follow	ing amount:			
	3125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	t □ \$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:

					<u>. </u>
Liability Company," "L.L.C,	lternate name adopted for the purpose of transacting b ," or "LLC.")	susiness in Florida. The alternate nad	me must in	ıclude "	Limited
2. Nevada	3				
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable	•)		
4. October 27, 2015			_		
	(Date first transacted business in Florida, if p (See sections 605.0904 & 605.0905, F.S. to det	ermine penalty liability)			
5. 999 Vanderbilt Beach	Road, Suite 601		_		
Naples, FL 34108			_		
00077 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Street Address of Principal Office)				
6. 999 Vanderbilt Beach I	Road, Suite 601		_		
Naples, FL 34108					
	(Mailing Address)		- 三,	35	
7. Name and street address	ss of Florida registered agent: (P.O. Box <u>NOT</u> a	cceptable)	1 2 3 3 3 3 3 3 3 3 3 3	007	2 1 1 m
Name:	FTE Networks, Inc.		ASSE ASSE	28	La Caclada s desse aces s of
Office Address:	5495 Bryson Drive Suite 423		m C	R	
	Naples	, Florida 34109	STATE LORID	ë	
	(City)	(Zip code)	- <u>24</u>	3	
	egistered agent and to accept service of process j tion, I hereby accept the appointment as registe		is capaci	ty. I fi	ırther agı
to complywith the provisi	ons of all statutes relative to the proper and oan my position as registered agent. (Registered agent's sign	plete performance of my dutie	s, and I a	m jam	uur wun
to complywith the provisi accept the obligations of i	ons of all statutes relative to the firoper and commy position as registered agent. (Registered agent's signification)	nplete performance of my dutie.	s, and I a _	m jam	uur wun
to complywith the provising accept the obligations of its section in the control of the control	ions of all statutes relative to the fironer and oon my position as registered agent.	nplete performance of my dutie.	s, and I a	m jam	uur wun
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to complywith the provisi accept the obligations of i	ons of all statutes relative to the firoper and commy position as registered agent. (Registered agent's signification)	nplete performance of my dutie.	s, and I a	m jam	uur wun
to complywith the provisi accept the obligations of i	ons of all statutes relative to the firoper and commy position as registered agent. (Registered agent's signification)	nplete performance of my dutie.	s, and I a	<i>m jam</i> 	uur wun
to complywith the provisi accept the obligations of i	ons of all statutes relative to the firoper and commy position as registered agent. (Registered agent's signification)	nplete performance of my dutie.	s, and I a	<i>m jam</i> -	uur wur
to complywith the provision accept the obligations of the obligations of the second sec	Registered agent. (Registered agent's signative and address of the person(s) who has/have a of existence, no more than 90 days old, duly autof which it is organized. (If the certificate is in a ubmitted)	nplete performance of my duties ature) authority to manage is/are: henticated by the official having foreign language, a translation o	custody (- - - of reco	rds in the
to complywith the provision accept the obligations of the obligations of the second se	(Registered agent.) (Registered agent's signative and address of the person(s) who has/have a of existence, no more than 90 days old, duly aut of which it is organized. (If the certificate is in a	nplete performance of my duties ature) authority to manage is/are: henticated by the official having foreign language, a translation o	custody (- - - of reco	rds in the
to complywith the provision accept the obligations of accept the obligations of a secretary and accept the name, title or capa Michael Palleschi, CEO 9. Attached is a certificate jurisdiction under the law of the translator must be sufficient to the second of the translator must be sufficient to the second of the translator must be sufficient to the second of the translator must be sufficient to the second of the translator must be sufficient to the second of	Registered agent. (Registered agent's signative and address of the person(s) who has/have a of existence, no more than 90 days old, duly autof which it is organized. (If the certificate is in a ubmitted)	nplete performance of my duties ature) authority to manage is/are: henticated by the official having foreign language, a translation of person rida Statutes. I am aware that an	custody of the certi	- - of reco ificate	rds in the under oati

Typed or printed name of signee

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, UBIQ COMMUNICATIONS, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since May 21, 2014, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 23, 2015.

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20151023-0335
You may verify this electronic certificate
online at http://www.nvsos.gov/