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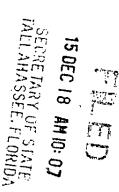
| (Red                                    | uestor's Name)    |           |  |
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| (City                                   | //State/Zip/Phone | e #)      |  |
|   |                   |           |  |
| PICK-UP                                 | WAIT              | MAIL      |  |
|   |                   |           |  |
| (Bus                                    | iness Entity Nan  | ne)       |  |
| ·                                       | ·                 | •         |  |
| (Doc                                    | cument Number)    |           |  |
| (-3-                                    | <b>,</b>          |           |  |
| Certified Conjec                        | Certificates      | of Status |  |
| Certified Copies Certificates of Status |                   |           |  |
| ····                                    |                   |           |  |
| Special Instructions to F               | iling Officer:    |           |  |
|   |                   |           |  |
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Office Use Only



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## **COVER LETTER**

TO:

**Registration Section** 

| Divi  | ision of Corporatio  | ns  |  |   |  |  |
|---|--|---|--|---|--|--|
| SUBJECT:  |  | OADBAND NETWORKS,   | LLC  |   |  |  |
|   |  |   |  |   |  |  |
|   |  |   |  | ansact Business in Florida," Certificate of y company to transact business in Florida |  |  |
| Please return all correspondence concerning this matter to the following: |  |   |  |   |  |  |
|   | COLIN CAVE   |   |  |   |  |  |
|   | Name of Person   |   |  |   |  |  |
|   |  |   |  |   |  |  |
|   | Firm/Company   |   |  |   |  |  |
|   | 320 NE 69 CIRCLE   |   |  |   |  |  |
|   |  |   | Address  |   |  |  |
|   | BOCA RATON FLORIDA 33487   |   |  |   |  |  |
| City/State and Zip Code   |  |   |  |   |  |  |
|   | COLINCAVE@   | CAVEISLAND.COM  |  |   |  |  |
|   | · · · · · · · · · · · · · · · · · · ·  | E-mail address: (to be used                                 | d for future annual report no                  | tification)   |  |  |
| For further information concerning this matter, please call:              |  |   |  |   |  |  |
| CO  | LIN CAVE   |   | 561 989-44                                     | 26  |  |  |
|   | Name o   | of Contact Person   |  | time Telephone Number   |  |  |
| Divi<br>Reg<br>P.O.   | ILING ADDRESS:<br>sion of Corporations<br>istration Section<br>Box 6327<br>ahassee, FL 32314 |   | Division<br>Registrat<br>Clifton B<br>2661 Exc | of Corporations ion Section suilding ecutive Center Circle see, FL 32301              |  |  |
|   | check for the follow<br>125.00 Filing Fee  | ing amount:  ☐ \$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:

| l .  | ADBAND NETWORKS, LLC.   |   |                              |
|--|---|---|------------------------------|
| · · · · · · · · · · · · · · · · · · ·                        | eign Limited Liability Company; must include "Li  | mited Liability Company," "L.L.C.," o                   | r "LLC.")                    |
| N/A  | 1   | a business in Florida. The alternate no                 |                              |
| it name unavaliable, enter al<br>Liability Company," "L.L.C, | Itemate name adopted for the purpose of transacting or "LLC.")  | ig ousiness in Florida. The alternate na                | me must include "Limited     |
| DELAWARE   | 3 47-5  | 60-0202   |                              |
|  | of which foreign limited liability  | (FEI number, if applicable                              | 2)                           |
| NO TRANSACTIONS  |   |   | _                            |
|  | (Date first transacted business in Florida,<br>(See sections 605.0904 & 605.0905, F.S. to   | if prior to registration.) determine penalty liability) |                              |
| 5. 44 WEST FLAGLER   | STREET, SUITE 1550, MIAMI FLORIDA 3   | 3130  | _                            |
|  | (Street Address of Principal Officence  | ce)   | _                            |
| 320 NE 69 CIRCLE, B  | OCA RATON FLORIDA 33487   |   | <del></del>                  |
|  | (Mailing Address)   |   | _                            |
| . Name and street addres                                     | s of Florida registered agent: (P.O. Box NO   | <u>T_</u> acceptable)                                   |                              |
| Name:  | COLIN CAVE  |   |                              |
| Office Address:  | 320 NE 69 CIRCLE  | <del></del>   |                              |
|  | BOCA RATON (City)   | , Florida 33487   | _                            |
| lesignated in this applica<br>o complywith the provision     | tance: gistered agent and to accept service of proce tion, I hereby accept the appointment as reg ons of all statutes relative to the proper and my position as registered agent. | istered agent and agree to act in ti                    | his capacity. I further agre |
|  | (Registered agent's s   | -   | RY O                         |
| •  | icity and address of the person(s) who has/hav  | e authority to manage is/are:                           | 己。                           |
| COLIN CAVE, CFO, MA  | ANAGING MEMBER  |   |                              |
| 320 NE 69 CIRCLE BOC   | A RATON FLORIDA 33487   |   | T A                          |
|  | M.O. VN   |   |                              |
|  | in accordance with section 605.0203 (1) (b), the Department of State constitutes a third de   |   |                              |

Typed or printed name of signce

**COLIN CAVE** 



## State of Belaware

SECRETARY OF STATE DIVISION OF CORPORATIONS P.O. BOX 898 DOVER, DELAWARE 19903

9137678 SUSAN BANEROFT 521 LAKE EAGLE LANE SANFORD, FL 32773 12-14-2015

| DESCRIPTION  |                       | AMOUNT  |
|--|-----------------------|---------|
| 5877132 - METROWAVE BROADBAND NETWORKS, LLC Entity Status - Short Form |                       |         |
| ·  | Certification Fee     | \$50.00 |
|  | Expedite Fee, 24 Hour | \$40.00 |
|  | TOTAL CHARGES         | \$90.00 |
| ·  | TOTAL PAYMENTS        | \$90.00 |
|  | BALANCE               | \$0.00  |

Delaware
The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "METROWAVE BROADBAND NETWORKS, 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 FOURTEENTH DAY OF DECEMBER, A.D. 2015.

15 DEC 18 AM IO: \*\*
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

e at corp delaware gov/au

Authentication: 10606338

Date: 12-14-15