MUDDOOOOS

| (Requestor's Name) | _ |
|---|---|
| (Address) | _ |
| (Address) | |
| (City/State/Zip/Phone #) | _ |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | _ |
| (Document Number) | _ |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | 7 |
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COVER LETTER

| SURJECT | Mobilitie Management, LLC | | | |
|--|--|------------------------|--|---|
| Name of Limited Liability Company The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, Existence, and check are submitted to register the above referenced foreign limited liability company to transact busi Please return all correspondence concerning this matter to the following: Karen Hyde Name of Person The Commpliance Group Firm/Company 1420 Spring Hill Road, Suite 400 Address McLean, VA 22102 City/State and Zip Code kmh@commpliancegroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Karen Hyde Name of Contact Person Area Code Daytime Telephone Number of Street Address: Division of Corporations STREET ADDRESS: Division of Corporations | | Company | | |
| | | | | |
| Please reti | urn all correspondence concerning this matter to | o the following: | | |
| | Karen Hyde | | | |
| | | Name of Person | | |
| | The Commpliance Group | | | |
| | | Firm/Company | | |
| | 1420 Spring Hill Road, Suite 400 | | | |
| | | Address | | |
| | McLean, VA 22102 | | | |
| | C | ity/State and Zip Code | · · · · · · · · · · · · · · · · · · · | |
| | kmh@commpliancegroup.com | | | |
| | E-mail address: (to be | used for future annual | report notification) | |
| For further | r information concerning this matter, please cal | 1: | SECI FALL | |
| ŀ | Karen Hyde | | 714-1306 AFE A | |
| | Name of Contact Person | Area Code | Daytime Telephone Number of | m |
| Division of Corporations | | | Division of Corporations | O |
| P | Registration Section P.O. Box 6327 Fallahassee, FL 32314 | | Registration Section Clifton Building 2661 Executive Center Circle | |

Enclosed is a check for the following amount:

\$\Bigsim \\$125.00 \text{ Filing Fee} \Bigsim \\$130.00 \text{ Filing Fee & Certificate of Status}\$

☐ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

Tallahassee, FL 32301

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:

| Mobilitie Management | , LLC | | | | | | |
|---|--|---------------------------------|--|--|---|------------------------|--|
| - | eign Limited Liability Company; mus | t include | "Limited Liabi | lity Company," "L.L | C.," or "LLC. | ") | |
| f name unavailable, enter al iability Company," "L.L.C." | Iternate name adopted for the purpose "or "LLC.") | of trans | acting business | in Florida. The alter | nate name mus | t include | "Limited |
| Delaware | , | 3. 8 | 31-0819781 | | | | |
| (Jurisdiction under the law company is organized) | of which foreign limited liability | ے | | (FEI number, if app | olicable) | | |
| N/A | | | | | | | |
| | (Date first transacted busines | ss in Flor | rida, if prior to n | egistration.) | | | |
| 2220 University Drive | (See sections 605.0904 & 605.6 | J905, F.S | s. to determine p | enaity hability) | · · · · · · · · · · · · · · · · · · · | | |
| Newport Beach, CA 92 | 2660 | | | | | | |
| | (Street Address of P | rincipal | Office) | _ | | | |
| 2220 University Drive | | | | • | ₽o : | 2 | |
| Newport Beach, CA 92 | 2660 | | | | TLA: | MVE TVA | n |
| | (Mailing A | (ddress) | | | 202 | ≨ 2 | Sections of the section of the secti |
| Name and street addres | s of Florida registered agent: (P.0 | O. Box | NOT acceptab | ole) | | 5 | |
| Name: | NRAI Services, Inc. | | | | TIG. | U | |
| Office Address: | 1200 South Pine Island Road | | | | | 다. 5 | |
| | Plantation | | | Florida 33324 | \$1.3 \$ 1 1 *### | တ | |
| egistered agent's accept | (City) | | ·· | (Zip co | ode) | | |
| esignated in this applicate complywith the provision complywith the provision coupt the obligations of notice. The name, title or capa | gistered agent and to accept servition, I hereby accept the appointmens of all statutes relative to the pay position as registered agent. (Register and address of the person(s)) | ment as proper a Luda ered agen | registered age and complete put a signature Library Li | nt and agree to ac erformance of my 1 inda Stauffer, Assi | ct in this cape duties, and stant Secreta | acity. I j I am fan | further ag |
| • • | amy, wc - //a | <u> 1 ugc</u> | 1 | | | | |
| 220 University Drive | | | | | | | |
| lewport Beach, CA 92660 | 0 | | | | | | |
| . Attached is a certificate urisdiction under the law of the translator must be su | of existence, no more than 90 day of which it is organized. (If the center) | rs old, di | uly authenticat is in a foreign | ed by the official l language, a transla | naving custod | y of reco | ords in the under oat |
| | Signature of | of an autl | horized person | | | | |
| his document is executed ubmitted in a document to | in accordance with section 605.02 the Department of State constitut | 203 (1) (| (b), Florida Sta | itutes. I am aware t | that any false | informat | tion |

Typed or printed name of signee

Christos Karmis

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "MOBILITIE MANAGEMENT, 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 FIFTEENTH DAY OF JANUARY, A.D. 2016.

5906000 8300

SR# 20160241751

Authentication: 201685350

Date: 01-15-16