## MI600007211

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	<u> </u>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates of Status	
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SEP -9 PM 1

### 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. EMERGE TELECOM INTERNATIONAL LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or ".			<del></del>
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or ".  GABBYVILLE LLC	LLC.")		
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name	must incl	ude "L	 imited
Liability Company," "L.L.C," or "LLC.")			
2. NEW JERSEY (Jurisdiction under the law of which foreign limited liability company is organized)  3. ZOOSYY 16 6 (FEI number, if applicable)			_
4. 8/19/16			
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)			
5. 520 US HORTH / MANALAPAN, NJ 07726			
#153			
(Street Address of Principal Office)			
6. 911 CROSS PARIC DRIVE / STE D285	77.50	=	
KNOXVILLE, TN 37923		3S 9	
(Mailing Address)		. Q	<u>.</u> .
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)		ڼ	
Name: <u>Brondy Smith</u>	H H H H H H	I HA	ED
Office Address: 840 Green Heron Coast Apt A		1: 23	
Kissimmee, Florida 34741	<b>&gt;</b> '`	~	
(City) (Zip code) Registered agent's acceptance:			
Having been named as registered agent and to accept service of process for the above stated limited liabili	ity compa	ny at	the place
designated in this application, I hereby accept the appointment as registered agent and agree to act in this to complywith the provisions of all statutes relative to the proper and complete performance of my duties,			
accept the obligations of my position as registered agent.		, ,	
Bonly SW			
(Registered agent's signature)			
9. The same side or considered address of the same (a) to be the constant			
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:			
	DR.		
NEHAL PARICH/PARTNER/9111 CROSS PARIC	DR.		
	<u>DR.</u>		
NEHAL PARICH/PARTNER/9111 CROSS PARIC	DR.		
NEHAL PARICH / PARTWER / 911 CROSS PARIC STE D 265 / Knox ville, TN 37923  9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having c			
NEHAL PARICH/PARTNER/9111 CROSS PARIC. STE D285 / Knoxville, TN 37923			
NEHAL PARICH / PARTWER / 911 CROSS PARIC STE D 265 / Knox ville, TW 37923  9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having c jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of			
NEHAL PARICH / PARTWER / 911 CROSS PARIC STE D 285 / Knox ville, TW 37923  9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having c jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of			
NEHAL PARICH / PARTWER / 911 CROSS PARIC STE D 285 / Knox ville, TW 37923  9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having c jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of of the translator must be submitted)	the certifi	icate u	inder oath

Typed or printed name of signee

# SEP -9 PM 1:

### STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

#### EMERGE TELECOM INTERNATIONAL LLC 0400050469

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on February 25, 2004.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

NEHAL PARIKH 520 US HWY 9 NORTH #153 MANALAPAN, NJ 07726 SEURLIANT OF STATE

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 22nd day of August, 2016

Sold Manden

Ford M. Scudder

Acting State Treasurer

Certificate Number: 6073731701

Verify this certificate online at

https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp