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(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

OCT 06 2016



September 28, 2016

VIA CERTIFIED MAIL

Florida Department of State
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Registration of a Foreign Limited Liability Company

Dear Sir or Madam:

Transmitted herewith on behalf of TNCI Impact, LLC please find the following required documents:

1. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida
2. Letter of Good Standing
3. Payment of \$155.00 (Check number 517248).

Additionally, please find an extra copy of the Application to be stamped and returned to sender upon completion. Also enclosed is a self-addressed stamped envelope for your convenience.

Thank you for your attention to this matter. If you have any questions, please contact Alex Valencia at (972) 910-1720, avalencia@impacttelecom.com or at the Company's principal address indicated below.

Respectfully submitted,

Mary Hope

Mary Hope
Regulatory Analyst

Enclosures

cc: Alex Valencia
VP, Government Affairs and Compliance

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TNCI Impact, 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:

Alex Valencia

Name of Person

TNCI Impact, LLC

Firm/Company

433 E. Las Colinas Blvd., Suite 500

Address

Irving, TX 75039

City/State and Zip Code

avalencia@impacttelecom.com

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

For further information concerning this matter, please call:

Alex Valencia

972

910-1720

at (_____) _____

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

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SECRETARY OF
STATE

**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. TNCI Impact, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(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 "LLC.")

2. DE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-0861927

(FEI number, if applicable)

4. _____

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

5. 433 E. Las Colinas Blvd., Suite 500

Irving, TX 75039

(Street Address of Principal Office)

6. 433 E. Las Colinas Blvd., Suite 500

Irving, TX 75039

(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

(City)

, Florida 33324

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

Michael E. Jones

(Registered agent's signature)

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

Robert Beaty - Chairman

9000 E. Nichols St. Ste. 230

Centennial, CO 80112

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)

Robert M. Beaty

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.

Robert Beaty

Typed or printed name of signee

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TNCI IMPACT, 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 SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TNCI IMPACT, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF OCTOBER, A.D. 2015.


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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SR# 20165716939

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 203000949

Date: 09-15-16