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COVER LETTER

Registration Section

TO:

Division of Corporations
SUBJECT: Maximum Transmission Telecom, 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:
Dorothy J. Sisam Name of Person
Maximum Transmission Telecom, LLC Firm/Company
2 Spencer Rd., Ste. 101 Address
Boerne, TX 78006 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (952) 994-6723 Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: \$\Bigcup \\$125.00 \text{ Filing Fee} \\ \Delta \\$130.00 \text{ Filing Fee & }\Delta \\$155.00 \text{ Filing Fee & }\Delta \\$160.00 \text{ Filing Fee, Certificate }\ \text{Certificate of Status} \text{ Certified Copy} \text{ 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:
1. Maximum Transmission Telecom, 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. Texas (Jurisdiction under the law of which foreign limited liability company is organized) 3. 45-27/5258 (FEI number, if applicable)
4. 8/24/16 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 2 Spencer Rd., Ste. 101
Boerne, TY 7806 (Street Address of Principal Office)
6. 2 Spencer Rd., Ste. 101
6. 2 Spencer Rd., Ste. 101 Boerne, TY 78006 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Denise Chouinard Office Address: 11494 52ng Court E.
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Denise Chouinard Office Address: 11494 52nd Court E.
Office Address: 11494 52ng Court E.
Parrish , Florida 34219 (City) (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 complywith 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.
Menese Chouenaid
(Registered agent's signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Edwin L. Sisam, President 167 Estrancia Ln., Boerne, TY 78006
Dorothy J. Sisam, CFO 167 Estancia Ln., Boerne, TX
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)
Signapure 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.
Dorothy J. Sisam Typed or printed name of signee

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



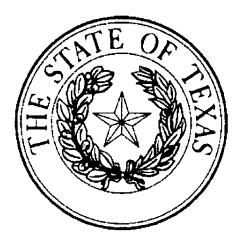
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Maximum Transmission Telecom, LLC (file number 801450374), a Domestic Limited Liability Company (LLC), was filed in this office on July 11, 2011.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 31, 2016.



Carlos H. Cascos

Secretary of State