# :M17000004416

(F	Requestor's Name)			
(/	Address)			
	Address)			
(0	City/State/Zip/Phone #)			
PiCK-UP	WAIT	MAIL		
(E	Business Entity Name)			
J)	Document Number)			
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				

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MAY 2 4 2017 Y SULKER



May 15, 2017

TRACY MOSS 2010 RENAISSANCE BLVD KING OF PRUSSIA, PA 19406 US

SUBJECT: GW COMMUNICATION SOLUTIONS, LLC

Ref. Number: W17000041495

We have received your document for GW COMMUNICATION SOLUTIONS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 317A00009677

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

### GW COMMUNICATION SOLUTIONS, 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:

TRACY MOSS			
Name of Person			
UNITEK			
Firm/Company			
2010 RENAISSANCE BLVD.			
Address			
KING OF PRUSSIA, PA 19406			
City/State and Zip Code			
TMOSS@UNITEKGS.COM			
E-mail address: (to be used for future annual report notification)			

TRACY MOSS

For further information concerning this matter, please call:

.,,267

464-2774

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

## 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:

##	Limited Liability Company; must include "Limi			
	ame adopted for the purpose of transacting business in I		bility Company," "L.L.C," or "LLC.")	
2. DE		3. <u>61-1828527</u>	(FEI number, if applicable)	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FE) nume	set, ti alphicatote)	
4. UPON APPROVAL				
	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to deter	to registration.) rmine penalty liability)		
5. 2010 RENAISSANCE BLVD.		6. SAME AS STREET ADDRESS		
(Street Address of I	rincipal Office)	(Mailing Add		
KING OF PRUSSIA	, PA 19406			
7. Name and street addres	ss of Florida registered agent: (P.O. Bo CORPORATION SERVICE COI			
	1201 Hays Street			
Office Address:				
	Tallahassee (City)	, Florida 32301 (Zip cod		
		er and complete performance of my	in in its	
and accept the obligation  8. The name, title or caps	(Registered agent	has/have authority to manage is/are:	TY MAY 23 ALLAHASSE	
8. The name, title or cap: Title or Capacity:	(Registered agent.  (Registered agent acity and address of the person(s) who Name and Address:	d's signature)	Name and Address:	
8. The name, title or caparity:	acity and address of the person(s) who  Name and Address:  JOSEPH HEATER	has/have authority to manage is/are:	TY MAY 23 ALLAHASSE	
8. The name, title or caparity:	(Registered agent.  (Registered agent acity and address of the person(s) who Name and Address:	has/have authority to manage is/are:	TY MAY 23 ALLAHASSE	
8. The name, title or caparity:	acity and address of the person(s) who  Name and Address:  JOSEPH HEATER  2010 RENAUSSANCE BLVD.	has/have authority to manage is/are:	TY MAY 23 ALLAHASSE	
8. The name, title or cap: Title or Capacity:	acity and address of the person(s) who  Name and Address:  JOSEPH HEATER  2010 RENAUSSANCE BLVD.	has/have authority to manage is/are:	TY MAY 23 ALLAHASSE	
8. The name, title or caparity:	acity and address of the person(s) who  Name and Address:  JOSEPH HEATER  2010 RENAUSSANCE BLVD.	has/have authority to manage is/are:	TY MAY 23 ALLAHASSE	
8. The name, title or caparity:	Registered agent (Registered agent (Registered agent acity and address of the person(s) who Name and Address:  JOSEPH HEATER  2010 RENAISSANCE BLVD. KING OF PRUSSIA, PA 19406	has/have authority to manage is/are:	TY MAY 23 ALLAHASSE	
8. The name, title or caparitie or Capacity:	Registered agent (Registered agent (Registered agent acity and address of the person(s) who Name and Address:  JOSEPH HEATER  2010 RENAISSANCE BLVD. KING OF PRUSSIA, PA 19406	has/have authority to manage is/are:	TY MAY 23 ALLAHASSE	
8. The name, title or caparity:  CFO  CS  CS  CS  CS  CS  CS  CS  CS  CS  C	(Registered agent (Registered agent (Registered agent acity and address of the person(s) who Name and Address:  JOSEPH HEATER  2010 RENAISSANCE BLVD. KING OF PRUSSIA, PA 19406	has/have authority to manage is/are:  Title or Capacity:	Name and Address:	
8. The name, title or caparity:  CFO  When attachments if necessity a certificate jurisdiction under the law	Registered agent (Registered agent (Registered agent acity and address of the person(s) who Name and Address:  JOSEPH HEATER  ZOTO RENAUSSANCE BLVD.  KING OF PRUSSIA, PA 19406  ssary)  e of existence, no more than 90 days old of which it is organized. (If the certific	has/have authority to manage is/are:  Title or Capacity:  d, duly authenticated by the official ha	Name and Address:	
8. The name, title or caparities or Capacity:  CFO  CSAttached is a certificate	Registered agent (Registered agent (Registered agent acity and address of the person(s) who Name and Address:  JOSEPH HEATER 2010 RENAISSANCE BLVD. KING OF PRUSSIA, PA 19406  ssary)  of existence, no more than 90 days old of which it is organized. (If the certific ubmitted)	has/have authority to manage is/are:  Title or Capacity:  d, duly authenticated by the official hacate is in a foreign language, a translate	Name and Address:	
8. The name, title or caparity:  CFO  When attachments if necessity a certificate jurisdiction under the law	Registered agent (Registered agent (Registered agent acity and address of the person(s) who Name and Address:  JOSEPH HEATER  ZOTO RENAUSSANCE BLVD.  KING OF PRUSSIA, PA 19406  ssary)  e of existence, no more than 90 days old of which it is organized. (If the certific	has/have authority to manage is/are:  Title or Capacity:  d, duly authenticated by the official hacate is in a foreign language, a translate	Name and Address:	

Typed or printed name of signee

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# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "GW COMMUNICATION SOLUTIONS, 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 NINTH DAY OF MAY, A.D. 2017.

e at corp.delaware.gov/aut

Authentication: 202506301

Date: 05-09-17