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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 21, 2017

LISA MILLER 14321 SOMMERVILLE CT MIDLOTHIAN, VA 23113

SUBJECT: DIVERSITEC WIRELESS, LLC

Ref. Number: W17000051491



We have received your document for DIVERSITEC WIRELESS, LLC and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$55.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your finding is properly credited.

The form you submitted is for a CORPORATION, but your entity is a LLC Please complete and return the enclosed blank form(s).

The name listed in number one of the application must be identical to the listed in the certificate of existence.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 117A00012607

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Diversitec Wireless 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 fo	llowing:	
Lisa Miller	e of Person	
14321 Sommerville	/Compuny	
Address Midlothian VA 23113 City/State and Zip Code LMiller Diversifect Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LISA Miller at (804) 379-127 379 Name of Contact Person Area Code Daytime Telephore Number MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 City/State and Zip Code Daytime Telephore Number STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
	□ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certified Copy of Status & Certified Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605 0902, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") Engineering (If name unavailable, enter alternate name adopted for the guryose of transacting busines in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "H.C." or of which foreign limited hability company is organized) e first transacted business in Florida, if prior to registration.) sections 605 0904 & 605 0905. F.S. to determine penalty liability. 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 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 supplicative 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 a 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Name and Address: Title or Capacity: 20MMECHILL (Use attachments if necessary) 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) 10. This document is executed in accordance with section 605,0203 (1) (b), Plorida Statutes. I am aware that any false information hird degree telony as provided for in s.817.155, F.S. submitted in a document to the Department of § Signature of an authorized person

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Diversitec Wireless, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is December 19, 2016; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: June 13, 2017

Joel H. Peck, Clerk of the Commission

CISECOM

Document Control Number: 1706135651