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COVER LETTER

TO:	Registration Section Division of Corporations	-
SUBJE	Providence Wireless, LLC	
50.,01		of Limited Liability Company
		ompany for Authorization to Transact Business in Florida," Certificate ferenced foreign limited liability company to transact business in Floridal
Please	return all correspondence concerning this matter to the	the following:
	James Martin	
	1	Name of Person
	Providence Wireless, LLC	
	F	Firm/Company
	2103 Coral Way Street Suite 604	
		Address
	Miami, Ft. 33145	
	City/	y/State and Zip Code
	taugusta@acmcapitalpartners.com	used for future annual report notification)
For fur	E-mail address: (to be use ther information concerning this matter, please call:	used for future annual report notification)
	Tiffany Augusta	305 960-8933 E
	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
	ed is a check for the following amount: \$\Bigsiz\$ \$125.00 \text{ Filing Fee} \text{ \$\Bigsiz\$ \$\Bigsiz\$ \$\Certificate of Status}\$ Certificate of Status	© \$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 STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FÔREIGN, LIMITED LIÀBILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

claware	The state of the s	orida. The alternate name must include "Limited Liability C	ompany," "L.L.C." or "LLC.")
(Jurisdiction under the law of which		3.	1
(h foreign limited liability company is organized)	(FEI number, if a	pplicable) ij
9/19/17			
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	o registration.) nine penalty liability)	-
2103 Coral Way		6. 2103 Coral Way	1
(Street Address of Prin	cipal Office)	(Mailing Address)	1
Suite 604		Suite 604	
Miami, Fl. 33145		Miami, FL 33145	- 4
	of Florida registered agent: (P.O. Bo James Martin	x <u>NOT</u> acceptable)	
Office Address: 2	2103 Coral Way, Suite 604		
_			1
1	\$412m1	33145	TI.
gistered agent's accepta ving been named as regi ignated in this application	istered agent and to accept service of on, I hereby accept the appointment i	Florida 33145 (Zip code) process for the above stated limited liable as registered agent and agree to act in the	is capacity. I further
gistered agent's accepta ving been named as regi ignated in this application omply with the provision	(Gity) ince: istered agent and to accept service of on, I hereby accept the appointment i	(Zip code) For process for the above stated limited liable as registered agent and agree to act in the grand complete performance of my dutients as signature)	is capacity. I further
gistered agent's accepta ving been named as regi- ignated in this application omply with the provision accept the obligations of The name, title or capaci	ince: istered agent and to accept service of on. I hereby accept the appointment on so fall statutes relative to the prope of my position as registered agent. Registered agent of the person(s) who have	(Zip code) For process for the above stated limited liable as registered agent and agree to act in the grand complete performance of my duties as signature) So signature Complete performance of my duties as sign	is capacity. I further
tistered agent's acceptation been named as regionated in this application omply with the provision accept the obligations of the name, title or capacity:	ince: istered agent and to accept service of on. I hereby accept the appointment on so fall statutes relative to the prope of my position as registered agent. Registered agent of the person(s) who have and Address:	(Zip code) For process for the above stated limited liable as registered agent and agree to act in the grand complete performance of my duties as signature) So signature Complete performance of my duties as sign	is capacity. I further s, and am familiar
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- 0. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information abmitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of an authorized person James Martin

Typed or printed name of signee

Delaware

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The First State

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

DELAWARE, DO HEREBY CERTIFY "PROVIDENCE WIRELESS, 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 TWENTY-SIXTH DAY OF OCTOBER, A.D. 2017.

AUBULT PROSESSION NO. 18

Jeffrey W Business, Secretar

Authentication: 203463859

Date: 10-26-17

Section of the sectio

5839948 8300 SR# 20176762975

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