To: Page 2 of 4 Division of Corporations



## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845 g).

٠٠, \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*.

Email Address:

## Foreign Limited Liability Company Cell Site NewCo II, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

AN COMPLIANCE WITH SEC COMPANY TO TRANSACT BU	TION 605.0902, FLORIDA STATUTT SINESS INTHE STATE OF FLORID	'S, THE FOLLOWING IS STIBMITT. M:	ED TO REGISTER A FOREK	אונושאנו כפודואנו אכ
1. Cell Sile NewCo II, LL	C: Limited Llability Company; meat inch	ide "Limited Limbility Company," '1. I	. C.," or "LLC.")	
2. Delaware	enie udopied for the perpurse of transacting bu	3, 45-3447075	ackide "Limited Listality Company,"  (FE) number, (Fapolicable)	
5. 116 Huntington Avenue (Street Address of F	(Date first transacted business in Florid (New sections 605,0901 & 605,0905, F. to nacipal Office)	fa, ([prov to registration]).  5, to determine pearly (ability)  6. 116 Fluntings	on Avenue (Kirking Address)	
Boston MA 02116		Boston MA 0	2116	9
7. Name and <u>street addres</u>	s of Florida registered agent: (I	P.O. Box <u>NOT</u> acceptable)		S PE
Office Address:	1200 South Pinc Island Road Plantation	, Florida <u>33324</u>		PH 10: 44
Régistered agent's accept Having begin named as rej	distered agent and to accept ser ion, I hereby accept the appoin ins of all statutes relative to the	) rvice of process for the above . nument as registered agout and e proper and complete corfor;	(Zip cote) Stated limited liability cor Lagree to act in this capa nance of my duties, and i	icity. I further agree
o comply with the provisional accept the obligations	of my position as registered up  By: C T Corporation S  (Regine		Assistant	
o comply with the provisional accept the obligations	By: C T Corporation S	ystem Ly St. (seed of soul's signature)  (1) who has/have authority to ma	Aśsistant mage kvare:	

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 outh of the translator must be submitted)

10. This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes, I am aware that any fulse information submitted 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

Muccshn O. Nahata

Typed or printed name of stepse;

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "CELL SITE NEWCO II, 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 THIRD DAY OF APRIS, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5039072 8300

SR# 20182396454

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

Justinary W. Hutlack, Exceedancy of State

Authentication: 202442278

Date: 04-03-18