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SECRETARY OF STATE

FILEU

08 G.L. 21 AN

K, SALY MAY 21 2018 CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 200370 7269114
AUTHORIZATION : James Blance
COST LIMIT : \$ 125.00
ORDER DATE : May 9, 2018
ORDER TIME : 4:26 PM
ORDER NO. : 200370-030
CUSTOMER NO: 7269114
FOREIGN FILINGS
NAME: WEST LLC
XXXX QUALIFICATION (TYPE: <u>LL</u> )
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Emily Croft -- EXT# 62925

## 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 TIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

WEST (Digital Commu-	limited Liability Company; must include "Limite nications) LLC	and a series of the series of	,
	me adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limit	ed Liability Company," "L.L.C." or "LLC.")
Delaware	· · · · · · · · · · · · · · · · · · ·	3. 82-4974614	
(Jurisdiction under the law of which foreign limited hability company is organized)		(FEI number, if applicable)	
· <del></del>	(Date first transacted business in Florida, if prior to	egistration.)	· · · · · · · · · · · · · · · · · · ·
	(Date first transacted husmess in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	•	٠
5 11808 Miracle Hills Drive (Succe Address of Principal Office) Omaha, NE 68154		6. 11808 Miracle Hills D	rive
		Omaha, NE 68154	g Address)
311111111111111111111111111111111111111	<del></del>	Community (1975)	
<u></u>			<del></del>
Name and street address	of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	Corporation Service Company		
	1701 11 6	· ·	· · · · · · · · · · · · · · · · · · ·
Office Address:	1201 Hays Street		<del>;</del> •'
	Tallahassee	, Florida 32301	
egistered agent's accept	(Crty)	(7)	ip cule)
signated in this applicate comply with the provision of accept the obligations	ion, I hereby accept the appointment as ons of all statutes relative to the proper of my position as registered agent.	registered agent and agree to and complete performance of	act in this capacity. I further agreemy duties, and I am familiar with
esignated in this applicate comply with the provision and accept the obligations	ion, I hereby accept the appointment as ons of all statutes relative to the proper	registered agent and agree to and complete performance of	my duties, and I am familiar with
esignated in this applicate comply with the provision and accept the obligations	ion, I hereby accept the appointment as one of all statutes relative to the proper of my position as registered agent.  Corporation service Company  By:	registered agent and agree to and complete performance of Ass	act in this capacity. I further agreemy duties, and I am familiar with Emily Croft  St. Vice President
esignated in this applicate comply with the provision and accept the obligations . The name, title or capac	ion, I hereby accept the appointment as one of all statutes relative to the proper of my position as registered agent.  Corporation service Company  By:  (Registered agent's control of the person(s) who have	registered agent and agree to and complete performance of Assistance.  Assistance authority to manage is/as  Title or Capacity:	act in this capacity. I further agreemy duties, and I am familiar with Emily Croft  St. Vice President  re:  Name and Address:
exignated in this applicate comply with the provision accept the obligations  The name, title or capacity:	ion, I hereby accept the appointment as one of all statutes relative to the proper of my position as registered agent.  Corporation effice Company  By:  (Registered agent's city and address of the person(s) who has Name and Address:	registered agent and agree to and complete performance of Assertion Assertation authority to manage is/a	act in this capacity. I further agreemy duties, and I am familiar with Emily Croft  St. Vice President  re:  Name and Address:  Nancy Disman
exignated in this applicate comply with the provision accept the obligations  The name, title or capacity:	ion, I hereby accept the appointment as one of all statutes relative to the proper of my position as yegistered agent.  Corporation ervice Company  By:  (Registered agent's city and address of the person(s) who has a Name and Address:  Jan D. Madsen	registered agent and agree to and complete performance of Assistance.  Assistance authority to manage is/as  Title or Capacity:	act in this capacity. I further agreemy duties, and I am familiar with Emily Croft  St. Vice President  re:  Name and Address:
esignated in this applicate comply with the provision accept the obligations  The name, title or capacity:  CFO	ion, I hereby accept the appointment as one of all statutes relative to the proper of my position as registered agent.  Corporation service Company  By:  (Registered agent's conty and address of the person(s) who has a new and Address:  Jan D. Madsen  11808 Miracle Hills Drive Omaha, NE 68154	registered agent and agree to and complete performance of Assignment.  Assignment Assign	act in this capacity. I further agreemy duties, and I am familiar with Emily Croft  St. Vice President  re:  Name and Address:  Nancy Disman  50 Route 111, Suite 300  Smithtown, NY 11787
rsignated in this applicate comply with the provision of accept the obligations  The name, title or capacity:	ion, I hereby accept the appointment as one of all statutes relative to the proper of my position to registered agent.  Corporation service Company By:  (Registered agent's city and address of the person(s) who has Name and Address:  Jan D. Madsen  11808 Miracle Hills Drive Omaha, NE 68154  Ben Chodor	registered agent and agree to and complete performance of Assistance.  Assistance authority to manage is/as  Title or Capacity:	act in this capacity. I further agreemy duties, and I am familiar with Emily Croft  St. Vice President  re:  Name and Address:  Nancy Disman  50 Route 111, Suite 300  Smithtown, NY 11787  Louis Brucculeri
esignated in this applicate comply with the provision accept the obligations  The name, title or capacity:  CFO	ion, I hereby accept the appointment as one of all statutes relative to the proper of my position as yegistered agent.  Corporation service Company  By:  (Registered agent's conty and address of the person(s) who has a new and Address:  Jan D. Madsen  11808 Miracle Hills Drive Omaha, NE 68154  Ben Chodor  1350 Broadway, Suite 1501	registered agent and agree to and complete performance of Assignment.  Assignment Assign	act in this capacity. I further agr my duties, and I am familiar with  Emily Croft  St. Vice President  re:  Name and Address:  Nancy Disman  50 Route 111, Suite 300  Smithtown, NY 11787  Louis Brucculeri  11808 Miracle Hills Drive
esignated in this applicate comply with the provision accept the obligations.  The name, title or capacity:  CFO  President	ion, I hereby accept the appointment as one of all statutes relative to the proper of my position as yegistered agent.  Corporation service Company By:  (Registered agent service)  (Registered agent	registered agent and agree to and complete performance of Assignment.  Assignment Assign	act in this capacity. I further agring duties, and I am familiar with Emily Croft  St. Vice President  re:  Name and Address:  Nancy Disman  50 Route 111, Suite 300  Smithtown, NY 11787  Louis Brucculeri
rignated in this applicate comply with the provision of accept the obligations.  The name, title or capacity: CFO  President  Jse attachments if necess.	ion, I hereby accept the appointment as one of all statutes relative to the proper of my position as yegistered agent.  Corporation effice Company By:  (Registered agent's city and address of the person(s) who has a Name and Address:  Jan D. Madsen  11808 Miracle Hills Drive Omaha, NE 68154  Ben Chodor  1350 Broadway, Suite 1501 New York, NY 10018	registered agent and agree to and complete performance of ASS share authority to manage is/at Title or Capacity:  CAO  Secretary	eact in this capacity. I further agriffing duties, and I am familiar with Emily Croft  St. Vice President  re:  Name and Address:  Nancy Disman  50 Route 111, Suite 300  Smithtown, NY 11787  Louis Brucculeri  11808 Miracle Hills Drive  Omaha, NE 68154
resignated in this applicant comply with the provision accept the obligations.  The name, title or capacity: CFO  President  Jise attachments if necessary accepted is a certificate or risdiction under the law of the complete content and the capacity.	con, I hereby accept the appointment as one of all statutes relative to the proper of my position as yegistered agent.  Corporation service Company By:  (Registered agent service)  (Registered agent	registered agent and agree to and complete performance of Assertion Assertion Title or Capacity:  CAO  Secretary	eact in this capacity. I further agr.  my duties, and I am familiar with  Emily Croft  St. Vice President  re:  Name and Address:  Nancy Disman  50 Route 111, Suite 300  Smithtown, NY 11787  Louis Brucculeri  11808 Miracle Hills Drive  Omaha, NE 68154
exignated in this applicant comply with the provision accept the obligations.  The name, title or capacity: CFO  President  Jes attachments if necessary acceptions acception accept the obligations.	con, I hereby accept the appointment as one of all statutes relative to the proper of my position as yegistered agent.  Corporation service Company By:  (Registered agent service)  (Registered agent	shave authority to manage is/at Title or Capacity:  CAO  Secretary  July authenticated by the official is in a foreign language, a transition of the capacity	Emily Croft  St. Vice President  re:  Name and Address:  Nancy Disman  50 Route 111, Suite 300  Smithtown, NY 11787  Louis Brucculeri  11808 Miracle Hills Drive  Omaha, NE 68154  at having custody of records in the islation of the certificate under oath
esignated in this applicate of comply with the provision accept the obligations.  The name, title or capacity: CFO  President  Use attachments if necessary attached is a certificate or risdiction under the law of the translator must be sufficient or capacity.  This document is executed.	ion, I hereby accept the appointment as one of all statutes relative to the proper of my position as yegistered agent.  Corporation service Company By:  (Registered agent of the person(s) who has a Name and Address:  Jan D. Madsen  11808 Miracle Hills Drive Omaha, NE 68154  Ben Chodor  1350 Broadway, Suite 1501 New York, NY 10018  ary)  of existence, no more than 90 days old, of which it is organized. (If the certificate omitted)  ted in accordance with section 605.0203	shave authority to manage is/at Title or Capacity:  CAO  Secretary  Secretary  (1) (b), Florida Statutes, I am a rd degree felony as provided for	Emily Croft  St. Vice President  re:  Name and Address:  Nancy Disman  50 Route 111, Suite 300  Smithtown, NY 11787  Louis Brucculeri  11808 Miracle Hills Drive Omaha, NE 68154  at having custody of records in the islation of the certificate under oath

Typed or printed name of signer

Jan D. Madsen

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

DELAWARE, DO HEREBY CERTIFY "WEST 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. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WEST LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF MARCH, A.D. 2018.

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

18 MAY 18 AM 8:31 SECRETARY OF STATE TATE ZHANGER, FRIGHRA



Authentication: 202663132

Date: 05-09-18

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