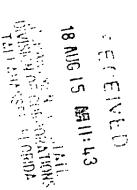
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(Req	uestor's Name)	1
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ibbA)	ess)	<del>,</del>
(City/	State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
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(Docu	iment Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	fing Officer:	

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SECRETARY OF STATE
ATTEMPTS OF STATE

O SIMMONS AUG 1 to 2018

### CT Corp.

#### 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Da	te: 8/15/201	8	- O.
		Acc#I20160000072	SM
Name:	Sky Connect	Networks, LLC	
Document #:			
Order #:	11116334		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:			
Apostille/Notarial Certification:	— ı	Country of Destination: Number of Certs:	
Filing:	Certified: Plain: COGS:	>	
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$	160.00	

#### COVER LETTER

TO: Registration Section

4 - #PANALTSILING Plante Caller

Div	ision of Corporation	18				
SUBJECT:	Sky Connect Netwo	rks, LLC				
	Name of Limited Liability Company					
		eign Limited Liability Comp d to register the above refere				
Please return	n all correspondence o	oncerning this matter to the	following:			
	Natalie A. Wes	t, Paralegai				
	<del></del>	N	arne of Person	· <b>-</b>		
	Sidley Austin L	LP				
		Fi	mi/Company			
	60 State Street,	36th Floor				
			Address	<del></del>		
	Boston, MA 02	2109				
		City/S	tate and Zip Code			
	nwest@sidley.co	m				
	·	E-mail address: (to be used	for future annual	report no	tification)	
For further in	nformation concernin	g this matter, please call:				
Na	talie A. West		617 at (	223-04	17	
	Name o	f Contact Person	Area Code	Day	ytime Telephone Number	
Div Reg P.C	vision of Corporations gistration Section D. Box 6327 lahassee, FL 32314			Division Registrat Clifton E 2661 Exc	of Corporations tion Section Building ecutive Center Circle see, FL 32301	
	n check for the follow \$125.00 Filing Fee	ing amount:  \$\Boxed{\subset} \$130.00 \text{ Filing Fee & Certificate of Status}\$	S155.00 Filin Certified Copy	g Fee &	\$160.00 Filing Fee, Co of Status & Certified Cop	ertificate Py

## 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:

1. Sky Connect Networks (Name of Foreign	, LLC Limited Liability Company; must include "Lin	nited Liability Company," "L.L.C.," or "LL	C")
(If theme upavailable, enter alternate in	ame adopted for the purpose of transacting business in	Florids. The alternate name most include "Limited	Lightliny Company "MI   C"or "IIC"
	and adopted to the perpose of transacting orders as to	Trongs. The photomorphism made made and the	casiny company. Lize, or acc.
2. Delaware		3	number, if applicable)
(Intradiction finder the fam of #1	nich foreign limited liability company is organized)	(FEI)	number, if applicable)
4			<b>6</b>
*·	(Date first transacted business in Florida, if pric (See sections 605,0904 & 605,0905, F.S. to det	x to registration.)	
5. 1101 North Congress /		<ol> <li>1101 North Congress A</li> </ol>	
(Street Address of I	·	(Malling	(i,j)
Boynton Beach, FL 33	1426	Boynton Beach, FL 334	120
<del></del>		-	
7 - 37 3 3	or of File idea interest and the Art	Now NOT were the	
/. Name and street addres	s of Florida registered agent: (P.O. E	sox NOT acceptable)	5, 0,
Name:	C T Corporation System		
Truitio.		<del></del>	
Office Address:	1200 South Pine Island Road		
	Die Antonia	22204	
	Plantation	, Florida 33324	<del>- , ;</del>
Registered agent's accep	(City)	(Zig	r code)
	By: C T Corporation System (Registerous)		NKKNERTZ RESIDENT
8. The name, title or capa <u>Title or Capacity</u> :	acity and address of the person(s) who Name and Address:	o has/have authority to manage is/ar <u>Title or Capacity:</u>	e: <u>Name and Address:</u>
CEO	Paul McGinn		
	1101 North Congress Ave Boynton Beach, FL 33426		
	Bovinon Beach. 12 33420	<del></del>	
		<del></del>	<del></del>
		<del></del>	
			<del></del>
(Use attachments if neces	sary)		
9. Attached is a certificate jurisdiction under the law	of existence, no more than 90 days o of which it is organized. If the certif	old, duly authenticated by the officia icate is in a foreign language, a tran	I having custody of records in the slation of the certificate under oath
of the translator must be s	ubmitted)		
	outed in accordance with section 605.0 to the Department of State constitutes		
			<del></del>
	/ // Sign	ature of an authorized person	
	V		
	Paul McGinn		<del></del>
	Tor	ed or printed name of signer	

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SKY CONNECT NETWORKS, 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 FIFTEENTH DAY OF AUGUST, A.D. 2018.

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

Authentication: 203249613

Date: 08-15-18