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K. SALY MAR 25 2019 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 562277 4328951

AUTHORIZATION :

COST LIMIT : \$ 129.00

ORDER DATE: December 28, 2018

ORDER TIME : 10:14 AM

ORDER NO. : 562277-215

CUSTOMER NO: 4328951

FOREIGN_FILINGS

NAME: CSC WIRELESS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

TO:

BJECT:	CSC Wireless, LLC						
	Name of Limited Liability Company						
		any for Authorization to Transact Business in Florida," Certificanced foreign limited liability company to transact business in Florida					
se retur	all correspondence concerning this matter to the fe	ollowing:					
	Marie Quatela						
	Nai	me of Person					
	Altice USA, Inc.						
	Fin	nt/Company					
	One Court Square						
		Address					
	Long Island City, NY 11101						
	City/Sta	ate and Zip Code					
	marie.quatela@alticeusa.com						
	E-mail address: (to be used	for future annual report notification)					
further i	nformation concerning this matter, please call:						
Ma	rie Quatela	929 418-4797					
		_at ()					
	Name of Contact Person	Area Code Daytime Telephone Number					

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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. CSC Wireless, LLC (Name of Foreign	Limited Liability Company; must include "Limit	led Liability	Company," "L.L.C	2.," or "LLC.")			
		·					
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Fl	lorida. The alt	ternate name must incl	ude "Limited Liability Co	ompany," "L.L.C," o	r "LJ.C.")	
Delaware 2.		3					
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	٥.		(FEI number, if applicable)			
4.							
	(Date first transacted business in Flonda, if prior to (See sections 605.0904 & 605.0905, F.S. to detern	o registration. nine penalty li) iabilíty)		-		
One Court Square 5.				cipal office (Mailing Address)			
(Street Address of F	Principal Office)	•		(Mailing Address)			
Long Island City, NY	11101				ALL:	O H	
•		-				R 22	<u>:</u>
		-			- Ma	<u> </u>	֡֝֜֝֝֟֝֟֝֟֝֟֝֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֝֟֝
7. Name and street addres	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> a	cceptable)		STA FLOR	8: 5 <u>1</u>	_
						45	
Name:	Corporation Service Company						
OGT av Address	1201 Hays Street						
Office Address:							
	Tallahassee		, Florida	32301			
	(City)			(Zip code)	-		

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 capacity. I 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 agent.

Corporation Service Company
By:

(Registered agent's signature)

Roxanne Turner Asst. Vice President

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or potsons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacit	<u>y:</u>	Name and Address:
Manager	Name: CSC Holdings, LLC	☐ Manager	Name:	·
Member	Address: One Court Square	Member	Address:	
Authorized	Long Island City, NY 11101	Authorized		
Person		Person	·	
Other	Other	Other	<u>_</u>	Other
☐Manager	Name:	☐ Manager	Name:	
Member	Address:	Member	Address:	
Authorized		Authorized		
Person		Person		
Other	Other	Other		Other
□Manager	Name:	☐ Manager	Name:	
Member	Address:	☐ Member	Address:	
Authorized		Authorized		
Person		Person		
Other	□Other	Other		□Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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). Florida Statutes. I am aware that any false 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 David Connolly, EVP, GC and Secretary of Manager

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "CSC 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 TWENTIETH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CSC WIRELESS, LLC" WAS FORMED ON THE SECOND DAY OF MAY, A.D. 2018.

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

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SEUNLIANT OF STATE
SEUNLIANT OF FLORIDA



Authentication: 202482806

Date: 03-20-19

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