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TALLAHASSEE, FLORIDA

Y SCOTT

MAY - 8 2019

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WIRELESS SUPPLY SERVICES, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ANDY BUQUET

Name of Person

ASURION

Firm/Company

648 GRASSMERE PARK STE 100

Address

NASHVILLE, TN 37211

City/State and Zip Code

AGENCYLICENSING@ASURION.COM

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

ANDY BUQUET

615

762-1152

at ( )

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**



\$125.00 Filing Fee



\$130.00 Filing Fee &  
Certificate of Status



\$155.00 Filing Fee &  
Certified Copy



\$160.00 Filing Fee, Certificate  
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 FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. WIRELESS SUPPLY SERVICES, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 27-3674735

(FEI number, if applicable)

4. 06/01/2019

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1850 MIDWAY LANE

(Street Address of Principal Office)

6. 648 GRASSMERE PARK STE. 100

(Mailing Address)

SMYRNA, TN 37167

NASHVILLE, TN 37211

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI SERVICES, INC.

Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION

(City)

, Florida 33324

(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.



(Registered agent's signature)

Lisa DuBois  
Asst. Secretary

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Please See Attached</u>	<input checked="" type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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

JOHN A. STOREY

\_\_\_\_\_  
Typed or printed name of signee

**Wireless Supply Services, LLC**

**FEIN: 27-3674735**

**1850 Midway Lane**

**Smyrna, TN 37167**

**Phone (816) 237-3073**

**Fax (816) 237-3535**

**Director/Officers**

<b>Name</b>	<b>Title</b>	<b>Business Address</b>
Kevin M. Taweeel ✓	Chairman	160 Bovet Rd. Ste. 402 San Mateo, CA 94402
Roger A. Detter ✓	CEO and Manager	160 Bovet Rd. Ste. 402 San Mateo, CA 94402
Amy Orem ✓	President	648 Grassmere Park, Ste. 100 Nashville, TN 37211
John A. Storey ✓	SVP, CFO, Manager	648 Grassmere Park, Ste. 100 Nashville, TN 37211
Willard J. Reagan ✓	SVP Finance & Treasurer	648 Grassmere Park, Ste. 100 Nashville, TN 37211
Gustavus A. Puryear, IV ✓	SVP, General Counsel, and Secretary	648 Grassmere Park, Ste. 100 Nashville, TN 37211
Lisa E. Toporek ✓	VP & Asst. Secretary	648 Grassmere Park, Ste. 100 Nashville, TN 37211
Elizabeth Alexander ✓	VP & Asst. Treasurer	648 Grassmere Park, Ste. 100 Nashville, TN 37211
Jason K. Sloan	Assistant Treasurer	648 Grassmere Park, Ste. 100 Nashville, TN 37211

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TALLAHASSEE, FLORIDA

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# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "WIRELESS SUPPLY SERVICES, 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 FOURTH DAY OF APRIL, A.D. 2019.

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

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TALLAHASSEE, FLORIDA



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SR# 20192569526

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 202582548

Date: 04-04-19