## M900005053

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



000329667720

990 MAY 21 - PY 10: 40

19 MAY 21 PH 3: 58

RECEIVED

£.

B KINSEY MAY 22 2019 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 775735 5021613

AUTHORIZATION : Smell of and

COST LIMIT : \$/ 125.00

ORDER DATE : May 21, 2019

ORDER TIME : 3:34 PM

ORDER NO. : 775735-020

CUSTOMER NO: 5021613

## FOREIGN FILINGS

NAME: US HF CELLULAR COMMUNICATIONS

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

ZZ PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

## COVER LETTER

TO: Registration Section

Div	ision of Corporation	ıs				
SUBJECT:	US HF Cellular Con	nmunications LLC				
	Name of Limited Liability Company					
				ation to Transact Business in Florida, ted liability company to transact business.		
Please return	all correspondence o	concerning this matter to the	following:			
	Kayla Lee					
		Na	ime of Person			
	c/o Wexford Ca	apital LP				
	Firm/Company					
	411 West Putna	am Avenuc, Suite 125				
Address						
	Greenwich, CT	06830				
		City/St	ate and Zip Code		?:	
	legalnotices@we	xford.com			2610 H.1 v	
		E-mail address: (to be used	for future annual	report notification)		
For further is	nformation concerning	g this matter, please call:			√5	
Ka	yla Lee		203 _ at (	862-7000	. 10: 10	
<del></del>	Name o	f Contact Person	Area Code	Daytime Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tailahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
	check for the follow 125.00 Filing Fee	ing amount:  ☐ \$130.00 Filing Fee &  Certificate of Status	☐ \$155.00 Fillin 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:

i.,	US HF Cellular Comm (Name of Foreign	Limited Liability Company; must include "Limite	ed Liability Company," "L.L.C.," or "LLC.")			
		name adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited Lial	pility Company," "L	LC," or "LLC	`.")
2	Delaware	hick foreign limited liability company is organized)	3	er, if applicable)		
	Compared arms from the fit	men to togo mixed money company is digualized	() LI DATE	er, er appricable)		
4.	·	(Data first transacted business in Florida if price to	canierra hou )			
		(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	ine penaky liability)		2818	•
5.	c/o Wexford Capital L	,P	6. c/o Wexford Capital LP (Mailing Add)			
	777 South Flagler Driv		411 West Putnam Avenue,		<u> </u>	
West Palm Beach, FL 33401			Greenwich, CT 06830		78.7 	
					≎, ∷:	•
7.	Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)		3	;
	Name:	Corporation Service Company				
	Office Address:	1201 Hays Street			0	
		Tailahassee	Florida 32301			
		(City)	, Florida 32301 (Zip sod	<del></del>		
to e	comply with the provisi	tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent Corporation Sorving Company	and complete performance of my	duties, and I a loxanne Tu	i <i>m familid</i> I <b>rne</b> r	
to c ani	comply with the provisi d accept the obligation	ions of all statutes relative to the proper	and complete performance of my of R Ass	duties, and I a	i <i>m familid</i> I <b>rne</b> r	
to c ani	comply with the provisi d accept the obligation	ions of all statutes relative to the proper s of my position as registered agent Corporation Sortine Company By:  (Registered agent's	and complete performance of my of R Ass	duties, and I a loxanne Tu	im familia Irner Isident	
to c ani	comply with the provision accept the obligation.  The name, title or capa	cons of all statutes relative to the proper sof my position as registered agent Corporation Service Company By:  (Registered agent's acity and address of the person(s) who has Name and Address:  Arthur Amron	and complete performance of my of R Ass signature) Ass as/have authority to manage is/are:	duties, and I a loxanne Tu st. Vice Pre Name and Philip Brau	im familia irner isident Address:	r with
to c and	comply with the provision accept the obligation.  The name, title or capa Title or Capacity:	Corporation Service Company  (Registered agent's acity and address of the person(s) who have the person which the person	and complete performance of my of Figure Assignature)  Assignature)  as/have authority to manage is/are:  Title or Capacity:	duties, and I a loxanne Tu st. Vice Pre	m familia Irner Sident Address: Instein	or with
to c and	comply with the provision accept the obligation.  The name, title or capa Title or Capacity:	cons of all statutes relative to the proper sof my position as registered agent.  Corporation Service Company By:  (Registered agent's acity and address of the person(s) who has a Name and Address:  Arthur Amron  411 West Putnam Avenue, Suite 125	and complete performance of my of Figure Assignature)  Assignature)  as/have authority to manage is/are:  Title or Capacity:	Name and Philip Brau	m familia Irner Sident Address: Instein	or with
to c ani	The name, title or capa  Title or Capacity:  Director	cons of all statutes relative to the proper s of my position as registered agent.  Corporation Service Company By:  (Registered agent's acity and address of the person(s) who has a new and Address:  Arthur Amron  411 West Pulnam Avenue, Suite 125  Greenwich, CT 06830	and complete performance of my of Figure Assignature)  Assignature)  as/have authority to manage is/are:  Title or Capacity:	Name and Philip Brau	m familia Irner Sident Address: Instein	or with
<i>to e ani</i>	The name, title or capa  Title or Capacity:  Director	Corporation Service Company By:  (Registered agent's city and address of the person(s) who has acity and address of the person(s) who has a new and Address:  Arthur Amron  411 West Putnam Avenue, Suite 125  Greenwich, CT 06830  Dante Domenichelli  411 Wast Putnam Avenue, Suite 125  Greenwich, CT 06830	and complete performance of my of Figure Assignature)  Assignature)  as/have authority to manage is/are:  Title or Capacity:	Name and Philip Brau	m familia Irner Sident Address: Instein	or with
8.	The name, title or capa Title or Capacity: Director  Director	ions of all statutes relative to the proper sof my position as registered agent.  Corporation Service Company By:  (Registered agent's acity and address of the person(s) who has a new and Address:  Arthur Amron  411 West Putnam Avenue, Suite 125  Greenwich, CT 06830  Dante Domenichelli  411 Wast Putnam Avenue, Suite 125  Greenwich, CT 06830  sary)	Ass signature)  as/have authority to manage is/are:  Title or Capacity:  Director	Name and Philip Brau 777 South Floyle West Palm	m familia Irner sident Address: Instein Torive, Suits 6 Beach, Fl	22 East . 33401
8. (U.9. A.)	The name, title or capa Title or Capacity: Director  Director  Attached is a certificate	ions of all statutes relative to the proper sof my position as registered agent.  Corporation Service Company By:  (Registered agent's acity and address of the person(s) who has a new and Address:  Arthur Amron  411 West Putnam Avenue, Suite 125  Greenwich, CT 06830  Dante Domenichelli  411 West Putnam Avenue, Suite 125  Greenwich, CT 06830  sary)  of existence, no more than 90 days old, of which it is organized. (If the certificat	and complete performance of my of Figure 1 Assistance of My of Figure 1 As	Name and Philip Brau 777 South Floyle West Palm	Address: unstein rorive, Suits 6 Beach, F)	in the
8. (U 9. A juri of 10.	The name, title or capa Title or Capacity: Director  Director  Attached is a certificate esdiction under the law the translator must be sufficienced.	Corporation Service Company By:  (Registered agent Corporation Service Company By:  (Registered agent Corporation Service Company By:  (Registered agent Registered agent And Address:  Arthur Amron  411 West Putnam Avenue, Suite 128 Greenwich, CT 06830  Dante Domenichelli  411 West Putnam Avenue, Suite 125 Greenwich, CT 06830  sary)  of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted)  uted in accordance with section 605.020	and complete performance of my of Assignature)  Assignature  as/have authority to manage is/are:  Title or Capacity:  Director  duly authenticated by the official hase is in a foreign language, a translation of the complete of the complet	Name and Philip Brau 777 South Floyde West Palm  ving custody of on of the certice that any false	Address: unstein rowe, Suits 6 Beach, F)	in the er oath
8. (U 9. A juri of 10.	The name, title or capa Title or Capacity: Director  Director  Attached is a certificate esdiction under the law the translator must be sufficienced.	ions of all statutes relative to the proper sof my position as registered agent. Corporation Service Company By:  (Registered agent's acity and address of the person(s) who has a new and Address:  Arthur Amron  411 West Putnam Avenue, Suite 125  Greenwich, CT 06830  Dante Domenichelli  411 West Putnam Avenue, Suite 125  Greenwich, CT 06830  sary)  of existence, no more than 90 days old, of which it is organized. (If the certificat abmitted)	and complete performance of my of Assignature)  Assignature  as/have authority to manage is/are:  Title or Capacity:  Director  duly authenticated by the official hase is in a foreign language, a translation of the complete of the complet	Name and Philip Brau 777 South Floyde West Palm  ving custody of on of the certice that any false	Address: unstein rowe, Suits 6 Beach, F)	in the er oath
8. (U 9. A juri of 10.	The name, title or capa Title or Capacity: Director  Director  Attached is a certificate esdiction under the law the translator must be sufficienced.	Corporation Service Company By:  (Registered agent Corporation Service Company By:  (Registered agent Corporation Service Company By:  (Registered agent Registered agent And Address:  Arthur Amron  411 West Putnam Avenue, Suite 128 Greenwich, CT 06830  Dante Domenichelli  411 West Putnam Avenue, Suite 125 Greenwich, CT 06830  sary)  of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted)  uted in accordance with section 605.0203  of the Department of State constitutes a the section of t	and complete performance of my of Assignature)  Assignature  as/have authority to manage is/are:  Title or Capacity:  Director  duly authenticated by the official hase is in a foreign language, a translation of the complete of the complet	Name and Philip Brau 777 South Floyde West Palm  ving custody of on of the certice that any false	Address: unstein rowe, Suits 6 Beach, F)	in the er oath
8. (U 9. A juri of 10.	The name, title or capa Title or Capacity: Director  Director  Attached is a certificate esdiction under the law the translator must be sufficienced.	Corporation Service Company By:  (Registered agent Corporation Service Company By:  (Registered agent Corporation Service Company By:  (Registered agent Registered agent And Address:  Arthur Amron  411 West Putnam Avenue, Suite 128 Greenwich, CT 06830  Dante Domenichelli  411 West Putnam Avenue, Suite 125 Greenwich, CT 06830  sary)  of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted)  uted in accordance with section 605.0203  of the Department of State constitutes a the section of t	duly authenticated by the official ha e is in a foreign language, a translation of the control o	Name and Philip Brau 777 South Floyde West Palm  ving custody of on of the certice that any false	Address: unstein rowe, Suits 6 Beach, F)	in the er oath

Page 1



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

DELAWARE, DO HEREBY CERTIFY "US HF CELLULAR COMMUNICATIONS 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 TWENTY-FIRST DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "US HE CELLULAR COMMUNICATIONS LLC" WAS FORMED ON THE THIRTEENTH DAY OF OCTOBER,

A.D. 2011.

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



Authentication: 202868531

Date: 05-21-19