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6/24/2019

3239628300 From Meghan Smith

Division of Corporations

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations			16
Fax Number : (850)617-6	383		,
			 - -
Account Name : LEGALZOOM.COM INC.			
l Address:			<del></del>
Foreign Limited L			
NEW AGE TE			
	Fax Number : (850)617-6  Account Name : LEGALZOOM. Account Number : I200100000 Phone : (323)962-8 Fax Number : (323)962-3  ne email address for this bullat report mailings. Enter of	Fax Number : (850)617-6383  Account Name : LEGALZOOM.COM INC. Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)962-3889  ne email address for this business entity at report mailings. Enter only one email	Fax Number : (850)617-6383  Account Name : LEGALZOOM.COM INC. Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)962-3889  The email address for this business entity to be used for all report mailings. Enter only one email address please

Electronic Filing Menu

Corporate Filing Menu

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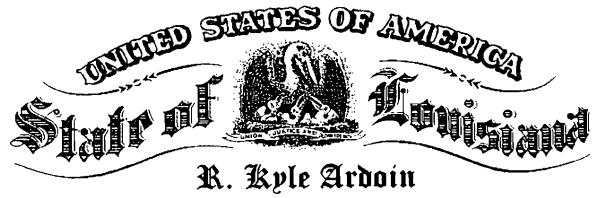
## COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	NEW AGE TELECOM LLC				
Name of Limited Liability Company					
The en Exister	closed "Application by Foreign Limited Liability Compa ice, and check are submitted to register the above referen	iny for Authorization t need foreign limited lis	o Transact Business in Florida," Certificate of ability company to transact business in Florida.		
Please	return all correspondence concerning this matter to the f	ollowing:			
	Cheyenne Moseley				
	Name of Person				
	Legalzoom.com, Inc.				
Firm/Company					
	10i N Brand Blvd 11th Fl				
Address					
Glendale, CA 91203					
City/State and Zip Code					
newagetelecomnola@outlock.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
	Cheyenne Moseley	800 7	73-0888 ext9724		
	Name of Contact Person	Area Code	Duytime 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			
Enclo	sed is a check for the following amount:  \$\Bigsim \\$125.00 \text{ Filing Fee } \Bigsim \\$130.00 \text{ Filing Fee & Certificate of Status}	S155.00 Filing Fe Certified Copy	ee & S160.00 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 1902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: **NEW AGE TELECOM LLC** (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "L.L.C.") (If name unavailable, enter alternate name adopted for the purpose of transacting bistiness in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC,") 3. 83-3570275 2 Louisiana (FFI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605 0004 & 705 0005, F.5. to determine penalty hability.) (Marling Address) (Sireer Address of Principal Office) 39605 Tickfaw Dr. 39605 Tickfaw Dr. Ponchatoula, Louisiana 70454 Ponchatoula, Louisiana 70454 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) UNITED STATES CORPORATION AGENTS, INC. Name: 13302 WINDING OAK COURT, SUITE A Office Address: TAMPA 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, CHEYENNE MOSELEY, ASSISTANT SECRETARY. UNITED STATES CORPORATION AGENTS, INC. (Registered agent i signosure) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Ronald M. Robin Jr. **AMBR** 39605 Tickfaw Dr. Ponchatoula, Louisiana 70454 (Use attachments if necessary) 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 685.0203 (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 Ronald M. Robin Jr.

Typed or printed name of signor



SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

## **NEW AGE TELECOM LLC**

A limited liability company domiciled in PONCHATOULA, LOUISIANA,

Filed charter and qualified to do business in this State on January 31, 2019,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

June 24, 2019

L 12 fe 162 Secretary of State

Web 43342227h



Certificate ID: 11090955#B4P83

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov