

8/5/2019

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
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Account Name : C T CORPORATION SYSTEM
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19 AUG -5 PM 12:46
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**Foreign Limited Liability Company
Quantum Wireless Networks, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
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Electronic Filing Menu

Corporate Filing Menu

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AUG 06 2019
M. SOLOMON

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. Quantum Wireless Networks, 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 3. 30-1002265
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

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

5. 57 E. Washington Street 6. 57 E. Washington Street
(Street Address of Principal Office) (Mailing Address)

Chagrin Falls, Ohio 44022 Chagrin Falls, Ohio 44022

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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.

B/B **Bernadette Baker**
(Registered agent's signature) Assistant Secretary

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-1LED

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):

Title or Capacity: Name and Address:
☒ Manager Name: Courtney Harkness
☐ Member Address: 1819 Peachtree Road NE
☐ Authorized Atlanta, Georgia 30309
 Person _____
☐ Other _____ ☐ Other _____

☒ Manager Name: Ryan Lepene
☐ Member Address: 57 E. Washington Street
☐ Authorized Chagrin Falls, Ohio 44022
 Person _____
☐ Other _____ ☐ Other _____

☒ Manager Name: Sean Lojek
☐ Member Address: 57 E. Washington Street
☐ Authorized Chagrin Falls, Ohio 44022
 Person _____
☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:
☒ Manager Name: Dan Harkness
☐ Member Address: 1819 Peachtree Road NE
☐ Authorized Atlanta, Georgia 30309
 Person _____
☐ Other _____ ☐ Other _____

☒ Manager Name: John Ranieri
☐ Member Address: 57 E. Washington Street
☐ Authorized Chagrin Falls, Ohio 44022
 Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

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.817.133, F.S.

Signature of an authorized person

Ryan Lepene

Typed or printed name of signer

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "QUANTUM WIRELESS 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 FIFTH DAY OF AUGUST, A.D. 2019.

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



6528586 8300

SR# 20196329157

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203346539

Date: 08-05-19