

M19 00000 9884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

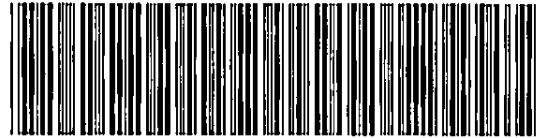
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300335131093

10/01/19--01014--014 \*\*125.00

2019 OCT - 1 AM 10:03  
SECRETARY OF STATE  
ALLAHASSIE, FLORIDA

FILED

CE  
10-17-19

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Mint Mobile, 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:

BECKY HEGGELUND

Name of Person

NOWALSKY & BOTHAARD APLLC

Firm/Company

1420 VETERANS BLVD

Address

METairie, LA 70005

City/State and Zip Code

BHEGGLUND@NB&LAW.COM

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

For further information concerning this matter, please call:

BECKY HEGGELUND

Name of Contact Person

at ( 504 )

Area Code

832-1984

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

FILED  
2019 OCT -1 AM 10:03  
TALLAHASSEE, FLORIDA  
CLERK OF STATE

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. Mint Mobile, 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. DE 84-2466109  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI 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. 1550 Scenic Ave., Suite 100 1550 Scenic Ave., Suite 100  
(Street Address of Principal Office) (Mailing Address)

Costa Mesa, CA 92626 Costa Mesa, CA 92626

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee 32301  
(City) , Florida (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)

see attached

2019 OCT -1 AM 10:03  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED

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: David Glickman  
☐ Member Address: 1550 Scenic Ave., Suite 100  
☐ Authorized Costa Mesa, CA 92626  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

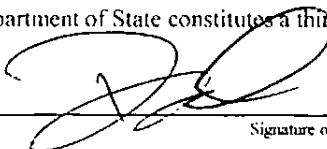
☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2019 OCT -1 AM 10:03

**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

David Glickman  
\_\_\_\_\_  
Typed or printed name of signer

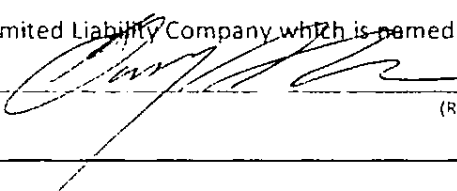
**FOREIGN LIMITED LIABILITY COMPANY  
STATEMENT OF ACCEPTANCE OF APPOINTMENT  
BY DESIGNATED INITIAL REGISTERED AGENT**

Complete Box 1 if the Registered Agent is an individual.  
Complete Box 2 if the Registered Agent is a corporation, limited liability company or partnership.  
Only complete the applicable box.

**Box 1-Individual as Registered Agent**

I, \_\_\_\_\_  
(Registered Agent's Printed Name)  
hereby acknowledge that the undersigned individual accepts the appointment as Initial Registered Agent  
of \_\_\_\_\_  
(LLC's Name)  
the Limited Liability Company which is named in the application.  
By \_\_\_\_\_  
(Registered Agent's Signature)

**Box 2-Entity as Registered Agent**

I, Gary Sherman Assistant Secretary  
(Authorized Person's Printed Name) (Authorized Person's Title)  
of Corporation Service Company  
(Registered Agent/Entity's Name)  
hereby acknowledge that the undersigned individual accepts the appointment as Initial Registered Agent  
of Mint Mobile, LLC  
(LLC's Name)  
the Limited Liability Company which is named in the application.  
By  \_\_\_\_\_  
(Registered Agent's Signature)

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MINT MOBILE, 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 SAID "MINT MOBILE, LLC" WAS FORMED ON THE SECOND DAY OF JULY, A.D. 2019.

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



7499076 8300

SR# 20196332296

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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: 203347474

Date: 08-05-19