

# MI90000010860

Florida Department of State  
Division of Corporations  
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MILWAUKEE, FLORIDA

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : INCORP SERVICES INC  
Account Number : 120120000007  
Phone : (702) 866-2500  
Fax Number : (702) 866-2689

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: documents@incorp.com

2019 NOV - 0 04:02

### Foreign Limited Liability Company Wireless EDGE Consultants LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00



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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Wireless EDGE Consultants 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:

Jennifer Shaw  
Name of Person

InCorp Services, Inc.  
Firm/Company

3773 Howard Hughes Pkwy. Suite 500S  
Address

Las Vegas, NV 89169-6014  
City/State and Zip Code

documents@incorp.com  
E-mail address: (to be used for future annual report notification)

Tallahassee, Florida  
2019 NOV - 8 PM 4: 50

For further information concerning this matter, please call:

Jennifer Shaw on behalf of InCorp Services, Inc. at 800-246-2677  
Name of Contact Person Area Code Day:ime 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

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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:

TELEPHONE  
FLO  
OR  
191101-8  
M 4:30

1. Wireless EDGE Consultants 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. New York 3. 13-4025678  
(Jurisdiction under the law of which foreign limited liability company is organized) (PEI number, if applicable)

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

5. 6369 Mill Street, Suite 202 6. 6369 Mill Street, Suite 202  
(Street Address of Principal Office) (Mailing Address)  
Rhinebeck, NY 12572 Rhinebeck, NY 12572

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

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470  
(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.

 Jennifer Shaw on behalf of InCorp Services, Inc.  
(Registered agent's signature)

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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]:

Title or Capacity:                      Name and Address:

Manager                      Name: John E. Arthur

Member                      Address: 6369 Mill Street, Suite 202

Authorized  
Person                      Rhinebeck, NY 12572

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 \_\_\_\_\_

Manager                      Name: \_\_\_\_\_

Member                      Address: \_\_\_\_\_

Authorized  
Person                      \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager                      Name: \_\_\_\_\_

Member                      Address: \_\_\_\_\_

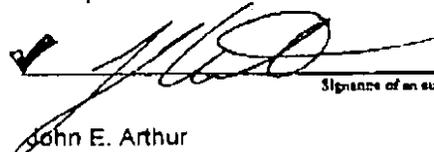
Authorized  
Person                      \_\_\_\_\_

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.817.155, P.S.

  
 \_\_\_\_\_  
 Signature of an authorized person

John E. Arthur  
 \_\_\_\_\_  
 Typed or printed name of signer

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State of New York } ss:  
Department of State

I hereby certify, that WIRELESS EDGE CONSULTANTS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 10/02/1998, and that the Limited Liability Company is existing so far as shown by the records of the Department.

TALLAHASSEE, FLORIDA

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WITNESS my hand and the official seal of the Department of State at the City of Albany, this 04th day of November two thousand and nineteen.

*Brendan C Hughes*

Brendan C Hughes  
Executive Deputy Secretary of State