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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

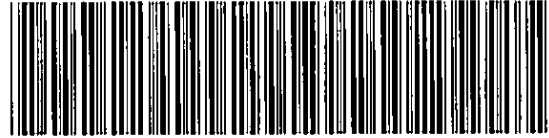
(Business Entity Name)

(Document Number)

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

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AND  
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1/11/2021

Grumbly

FILE 2nd

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 612660 7156704

AUTHORIZATION :

*Liquidation*

COST LIMIT : \$ 125.00

ORDER DATE : January 12, 2021

ORDER TIME : 12:23 PM

ORDER NO. : 612660-010

CUSTOMER NO: 7156704

FOREIGN FILINGS

NAME: T-MOBILE RESOURCES LLC

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 62968

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** T-MOBILE RESOURCES 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:

JULIE NELSON, LEGAL DEPT.

\_\_\_\_\_  
Name of Person

T-MOBILE

\_\_\_\_\_  
Firm/Company

12920 SE 38TH ST.

\_\_\_\_\_  
Address

BELLEVUE, WA 98006

\_\_\_\_\_  
City/State and Zip Code

JULIE.NELSON110@T-MOBILE.COM

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

For further information concerning this matter, please call:

JULIE NELSON

425

383-6211

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

**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. T-MOBILE RESOURCES 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. 91-1909782  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 01/01/2021  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 12920 SE 38TH ST. 6. 12920 SE 38TH ST.  
(Street Address of Principal Office) (Mailing Address)  
BELLEVUE, WA 98006 C/O JNELSON, LEGAL DEPT.  
BELLEVUE, WA 98006

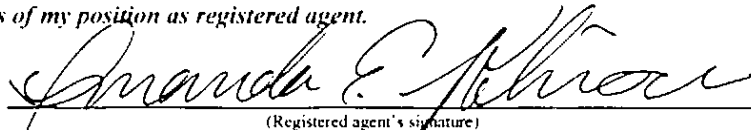
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(City) (Zip code)

APPROVED  
AND  
FILED  
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**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.*

  
(Registered agent's signature)

**Amanda Robinson**  
Asst. Vice President

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 MILLER

☐ Member Address: 12920 SE 38TH ST.

☐ Authorized BELLEVUE, WA 98006

Person \_\_\_\_\_

☒ Other EVP ☒ Other SECRETARY

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

☐ Manager Name: DAVID E. CONROY

☐ Member Address: 12920 SE 38TH ST.

☐ Authorized BELLEVUE, WA 98006

Person \_\_\_\_\_

☒ Other ASST. SECRETARY ☐ Other \_\_\_\_\_

☐ Manager Name: BROADY HODDER

☐ Member Address: 12920 SE 38TH ST.

☐ Authorized BELLEVUE, WA 98006

Person \_\_\_\_\_

☒ Other SVP ☐ Other \_\_\_\_\_

☐ Manager Name: KATIE TRUE-AWTRY

☐ Member Address: 6200 SPRINT PARKWAY

☐ Authorized OVERLAND PARK, KS 66251

Person \_\_\_\_\_

☒ Other ASST. SECRETARY ☐ Other \_\_\_\_\_

☐ Manager Name: CHRISTOPHER MILLER

☐ Member Address: 12920 SE 38TH ST.

☐ Authorized BELLEVUE, WA 98006

Person \_\_\_\_\_

☒ Other SVP ☐ Other \_\_\_\_\_

☐ Manager Name: JOHANNES THORSTEINSSON

☐ Member Address: 12920 SE 38TH ST.

☐ Authorized BELLEVUE, WA 98006

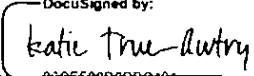
Person \_\_\_\_\_

☒ Other TREASURER ☒ Other SVP

**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.

DocuSigned by:  
  
 20CE508D88B0431...  
 Signature of an authorized person

KATIE TRUE-AWTRY  
 \_\_\_\_\_  
 Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "T-MOBILE RESOURCES 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 TWELFTH DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "T-MOBILE RESOURCES LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF MAY, A.D. 1998.

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



2900259 8300

SR# 20210091539

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.

Authentication: 202271834

Date: 01-12-21