

m210000058163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

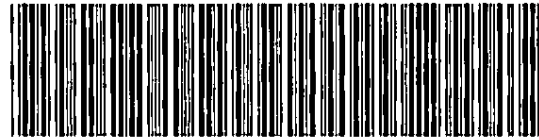
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800360874298

03/05/21--01024--017 **125.00

21 MAR -5 AM 8:49
FBI-IND

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Arx Wireless, 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:

Keith Drucker

Name of Person

Arx Wireless, LLC

Firm/Company

110 Washington Ave

Address

North Haven, CT, 06473

City/State and Zip Code

kdrucker@arxwireless.com

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

For further information concerning this matter, please call:

Keith Drucker

941

744-6543

at (_____) _____

Name of Contact Person

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. Arx Wireless, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Arx Wireless 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. Connecticut, USA
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(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. Arx Wireless, LLC
(Street Address of Principal Office)

6. Arx Wireless, LLC
(Mailing Address)

110 Washington Ave

1610 S Marion St

North Haven, CT 06473

Denver, CO 80210

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

Name: Keith Drucker

Office Address: 11555 Heron Bay Blvd. Suite 216

Coral Springs Florida 33076
(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.

Keith Drucker
(Registered agent's signature)

21 MAR -5 AM 8:49
-14-1000

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: Mr. Keith Drucker

☐ Member Address: 1142 SW 44th Ave

☐ Authorized Deerfield Beach, FL 33442

Person

☐ Other ☐ Other

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

☒ Manager Name: Mr. Keith Coppins

☐ Member Address: 1911 Via Pimpolla

☐ Authorized San Clemente, CA 92673

Person

☐ Other ☐ Other

☒ Manager Name: Mr. Matt Barnes

☐ Member Address: 1610 S Marion St

☐ Authorized Denver, CO 80210

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

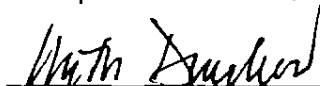
Person

☐ 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, F.S.



Signature of an authorized person

Keith Drucker

Typed or printed name of signer

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,
DO HEREBY CERTIFY, that

ARX WIRELESS, LLC

a limited liability company organized under the laws of DELAWARE and transacting business in the
state of Connecticut under the name

ARX WIRELESS, LLC

filed an application for certificate of registration to transact business in this office on September 03,
2019.

A certificate of cancellation has not been filed, and so far as indicated by the records of this office such
limited liability company is authorized to transact business in Connecticut.



Secretary of the State

Date Issued: February 26, 2021