

MP/000004127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

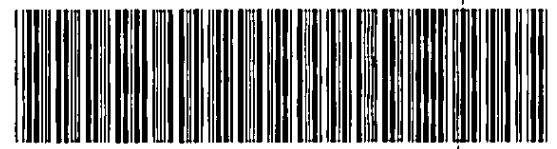
(Business Entity Name)

(Document Number)

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

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21 MAR-22-MI-10-40:11  
OFFICE OF STATE  
CLERK  
MICHIGAN  
MAY 18 2021



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. AERONET WIRELESS BROADBAND, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

please see name release letter attached

(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. Puerto Rico  
(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. AERONET/5G TELECOM  
(Street Address of Principal Office)

6. AERONET/5G TELECOM  
(Mailing Address)

1421 SW 107 Ave #137

1421 SW 107 Ave #137

Miami, FL 33174

Miami, FL 33174

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

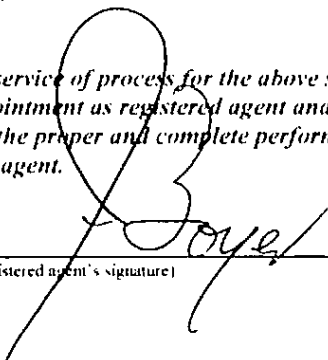
Name: Francis M. Boyer, Esq.

Office Address: Boyer Law Firm, P.L.L., 9471 Baymeadows Rd # 406

Jacksonville, Florida 32256  
(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.

  
(Registered agent's signature)

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MAR-22-AM 10:40  
CORPORATE  
REGISTRATION  
DIVISION  
TALLAHASSEE, FLORIDA

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: GINO ANGELO VILLARINI  
 Member Address: 366 CALLE ALMACIGO  
 Authorized SAN JUAN, PR 00926 PR  
Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**  
 Manager Name: MICHELLE COLON TORRES  
 Member Address: 366 CALLE ALMACIGO  
 Authorized SAN JUAN, PR 00926 PR  
Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: JOSE LUIS COLON TORRES  
 Member Address: LAS FLORES MONTE HIEDRA  
 Authorized 639 CALLE DON DIEGO  
Person SAN JUAN, PR 00926 PR  
 Other \_\_\_\_\_  Other \_\_\_\_\_

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

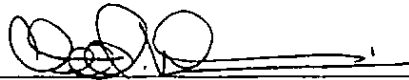
Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

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

Gino Villarini

Typed or printed name of signee

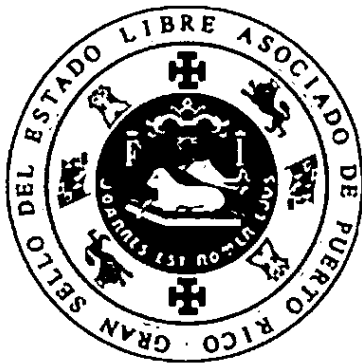


Government of Puerto Rico

## CERTIFICATE OF GOOD STANDING

I, **Lawrence N. Seilhamer Rodríguez**, Secretary of State of the Government of Puerto Rico,

**CERTIFY:** That, pursuant to Puerto Rico's General Law of Corporations, **AERONET WIRELESS BROADBAND, LLC.**, register number **4239**, a for profit domestic Limited Liability Company organized under the laws of Puerto Rico on **January 31, 2003**, has complied with the payment of its Annual Fees.



**IN WITNESS WHEREOF**, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, **February 17, 2021**.

**Lawrence N. Seilhamer Rodríguez**  
Secretary of State

To validate this certificate go to: <http://estado.pr.gov/>

This certificate is valid for one (1) year from issue date (Regulation 8688, Art. 26). However, it is subject to faithful compliance with the provisions of Chapter XV and Chapter XXI of Act 164-2009, as applicable.

Certificate Validation Number: **384014-52904573**

March 11, 2021


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

**RE: AERONET WIRELESS BROADBAND LLC - NAME RELEASE LETTER**

To whom it may concern;

We are releasing the entity name "Aeronet Wireless Broadband" to be used by the Foreign Entity with the same name. We will not be seeking to reinstate the original entity using the same name.

Sincerely,

By: 

Gino A. Villarini Falbe  
President of  
Aeronet Wireless Broadband LLC  
A Puerto Rico Limited Liability Company

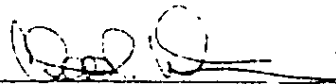
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JUN 11 2014  
11 58

**CERTIFICATE OF CONVERSION INTO A LIMITED LIABILITY  
COMPANY  
OF  
AERONET WIRELESS BROADBAND CORP.  
*(a Puerto Rico Corporation)***

**REGISTRY NUMBER: 133,358**

- FIRST:** *The name of the commercial entity or organization before filing the Certificate of Conversion: Aeronet Wireless Broadband Corp.*
- SECOND:** *The entity's legal structure is: For-Profit Puerto Rico Corporation.*
- THIRD:** *The date on which this commercial entity began operation or registered is January 31, 2003 in the jurisdiction of the Commonwealth of Puerto Rico. This jurisdiction is the same as the jurisdiction upon the date of conversion.*
- FOURTH:** *The name of the limited liability company according to its Certificate of Organization is Aeronet Wireless Broadband LLC (Registry Number \_\_\_\_\_).*
- FIFTH:** *The date of conversion effectiveness of this certificate is upon filing with the Puerto Rico Department of State.*
- SIXTH:** *This Conversion is in accordance with Article 19.16(h) of the Puerto Rico General Corporations Law, as amended. The date of commencement of existence of the Limited Liability Company will be upon filing of this Certificate of Organization and its term of existence will be perpetual.*

IN WITNESS WHEREOF, I, the undersigned, hereby declare under the penalty of perjury that the facts stated herein are true, this 26 day of June, 2014, in San Juan, Puerto Rico.



Gino A. Villarini Falbe  
President



Estado Libre Asociado de Puerto Rico  
 Commonwealth of Puerto Rico  
**DEPARTAMENTO DE ESTADO**  
 Department of State

**CERTIFICADO DE ORGANIZACIÓN**  
**DE UNA COMPAÑÍA DE RESPONSABILIDAD LIMITADA**  
*Certificate of Formation*  
*of a Limited Liability Company*

**PRIMERO:** El nombre de la compañía de responsabilidad limitada es

*FIRST: The name of the limited liability company is*

Aeronet Wireless Broadband I.L.C

El nombre deberá incluir uno de los siguientes términos o designaciones: "Compañía de Responsabilidad Limitada", "C.R.L.", "CRL".

*The name must include one of the following terms or designations: "Limited Liability Company", "I.L.C.", "LLC"*

**SEGUNDO:** La dirección física y postal de la oficina principal es (incluya calle, número y municipio)

*SECOND: The street and mailing address of the main office of business is (include street, number and municipality)*

Dirección Física / Physical Address

Metro Office Park Lote 18 Sprint Bldg. - Suite 303  
San Juan, Puerto Rico 00928

Dirección Postal / Postal Address

Metro Office Park Lote 18 Sprint Bldg. - Suite 303  
San Juan, PR 00928

El Agente Residente a cargo de dicha oficina es:

*The Resident Agent in charge of said office is:*

Michelle Colón Torres

**TERCERO:** La naturaleza de los negocios o propósitos de la compañía son:

*THIRD: The nature of the business or purposes of the company are:*

Ventas, arrendamiento, servicios de telecomunicaciones y cualquier otro negocio, acto o propósito que pueda realizar una compañía de responsabilidad limitada bajo la Ley General de Corporaciones de Puerto Rico, según enmendada.

**CUARTO:** El nombre y la dirección postal y física (incluyendo calle, número y municipio) de cada una de las personas autorizadas a presentar este documento es:

*FOURTH: The name and the physical and mailing address (include street, number and municipality) of each authorized person(s) is:*

Lopez Sanchez Pirillo & Hymovitz I.L.C

PO Box 11917, San Juan, PR 00922-1917

235 Federico Costa St., Parque Las Américas I - Suite 310, San Juan, Puerto Rico 00918



QUINTO: Si las facultades de la(s) persona(s) habrán de terminar al radicarse el certificado de organización, los nombres y las direcciones (incluyendo calle, número y municipio) de las personas que se desempeñarán como administradores de la compañía hasta la primera reunión anual de los miembros o hasta que sus sucesores los reemplacen son:

*FIFTH: If the faculties of the authorized person(s) will end upon the filing of the certificate of formation, the names and addresses (including street, number and municipality) of the persons who will act as administrators until the first meeting of the members or until their successors replace them are:*

Gino A. Villarini Falbe, Metro Office Park Lote 18 Sprint Bldg. - Suite 303, San Juan, PR 00928

SEXTO: El término de existencia de la compañía de responsabilidad limitada será (deberá escoger uno):

*SIXTH: The term of existence of the limited liability company will be (you must choose one):*

           Indefinido            /            Perpetua            Fecha Específica:             
*Indefinite Perpetual Specific Date:*

Favor de indicar con una "x" la fecha en que la compañía de responsabilidad limitada tendrá vigencia:  
*Please indicate with an "x" the date on which the limited liability company will be effective:*

           la fecha de radicación             
*the filing date*

           la siguiente fecha            (que no excederá de 90 días a partir de la fecha de radicación)  
*the following date (which will not exceed 90 days from the filing date)*

Véase el párrafo B del Artículo 1.02 de la Ley General de Corporaciones para otras cláusulas opcionales.  
*For other optional clauses, see paragraph B of Article 1.02 of the General Corporation Law.*

EN TESTIMONIO DE LO CUAL, Yo/Nosotros, Gino A. Villarini Falbe,  
el/los suscribiente(s) siendo la(s) persona(s) autorizada(s) antes señalada(s), con el propósito de formar una compañía de responsabilidad limitada conforme a la Ley General de Corporaciones de Puerto Rico, juro/juramos que los datos contenidos en este certificado son ciertos, hoy día 26 del mes junio del año 2014.

*IN WITNESS WHEREOF, I/We,*             
*the undersigned being the authorized person(s) hereinbefore named, for the purpose of forming a limited liability company pursuant to the General Corporation Law of Puerto Rico, hereby swear that the facts herein stated are true*  
*this*            *day of*           ,           .



Persona(s) Autorizada(s)  
*Authorized Person(s)*

Correo electrónico de la entidad:             
*Entity's e-mail:*

**IMPORTANTE:** Además de los derechos dispuestos para las Compañías de Responsabilidad Limitada, se pagarán al, y serán cobrados por el Secretario de Estado los siguientes:

- \$500.00 adicionales por cualquiera de los servicios que se requieran para dos (2) horas
- \$200.00 adicionales por cualquiera de los servicios que se requieran en el mismo día que se solicitan.
- \$100.00 adicionales por cualquiera de los servicios que se requieran dentro veinticuatro (24) horas de que se soliciten

Cifra de Ingreso  
4391 - \$150.00  
4392 - \$100.00

Estado Libre Asociado de Puerto Rico  
DEPARTAMENTO DE ESTADO  
San Juan, Puerto Rico

## CERTIFICADO DE CONVERSION

Yo, **DAVID E. BERNIER RIVERA**, Secretario de Estado del Estado Libre Asociado de Puerto Rico,

**CERTIFICO:** Que el **27 de junio de 2014**, a las **10:58 am**, se registró un Certificado de Conversión de la entidad "**AERONET WIRELESS BROADBAND, CORP**". Registro **133358**, una corporación con fines de lucro, a los efectos de cambiar a una Compañía de Responsabilidad Limitada organizada bajo las leyes del Estado Libre Asociado de Puerto Rico, bajo el nombre de "**AERONET WIRELESS BROADBAND, LLC**", el cual se le asignó número de registro **4239-LLC**.

**EN TESTIMONIO DE LO CUAL**, firmo el presente y hago estampar en él el Gran Sello del Estado Libre Asociado de Puerto Rico, en la ciudad de San Juan, hoy **27 de junio 2014**.

  
**DAVID E. BERNIER RIVERA**  
Secretario de Estado



Estado Libre Asociado de Puerto Rico  
Commonwealth of Puerto Rico

**CERTIFICADO DE INCORPORACION**  
CERTIFICATE OF INCORPORATION  
CORPORACION AUTORIZADA A EMITIR ACCIONES DE CAPITAL  
A STOCK CORPORATION

03 JAN 31 PM 2: 38

**PRIMERO:** El nombre de la corporación es:  
*FIRST: The name of the corporation is:*

Favor hacer un círculo alrededor del término que desee para el nombre de la corporación:  
*Please circle the term desired for the corporation's name:*

Corporación AeroNet Wireless Broadband Corp.  
*Corp. or Inc.*  
*Corporation, Corp. or Inc.*

**SEGUNDO:** Su oficina designada en el Estado Libre Asociado de Puerto Rico estará localizada en (dirección postal y física, incluyendo calle, número y municipio).

*SECOND: Its designated office in the Commonwealth of Puerto Rico will be located at (mailing and physical address, including street, number and municipality).*

P.O. Box 270013, San Juan, Puerto Rico 00927  
Suite 306, Villa Nevárez Professional Building, San Juan, P.R. 00927

El Agente Residente a cargo de dicha oficina es Michelle Colón Torres  
*The Resident Agent in charge of said office is*

**TERCERO:** Esta es una corporación con fines de lucro cuya naturaleza o propósitos son

*THIRD: This is a for profit corporation which nature or purposes are*  
Ventas, Arrendamiento, Servicios Telecomunicaciones

**CUARTO:** El número y clases de acciones que la corporación está autorizada a emitir son (indicar el valor par de cada acción o si son sin valor par)

*FOURTH: The number and classes of authorized capital stock of this corporation are (indicate par value of shares or if they have no par value)*

Cien (100) acciones comunes con valor de CIENTO DOLARES (\$100.00) cada una.

La denominación, facultad, preferencia y derecho de las acciones es (indicar las condiciones, limitaciones y restricciones de cada clase, si alguna, o si la Junta de Directores estará autorizada a fijarlas mediante resolución)

*The denomination, faculties, preferences and rights of the stock are (indicate the conditions, limitations and restrictions of stock, if any or if they will be fixed by the Board of the Directors by corporate resolution)*

Cien (100) acciones comunes con valor de CIENTO DOLARES (\$100.00) cada una. Estas acciones no tendrán limitación o restricción de clase alguna.

**QUINTO:** El nombre y dirección postal y física (incluyendo calle, número y municipio) de cada incorporador son

*FIFTH: The name and mailing and physical address (including street, number and municipality) of each incorporator are*

Gino A. Villarini Falbe, P.O. Box 270013, San Juan, P.R. 00927  
Calle Almácigo 366, Arboles de Montehiedra, San Juan, Puerto Rico 00926

**SEXTO:** Si las facultades de los incorporadores habrán de terminar al radicarse el certificado de incorporación, los nombres y las direcciones (incluyendo calle, número y municipio) de las personas que desempeñarán como directores hasta la primera reunión anual de los miembros o hasta que sus sucesores los reemplacen son:

*SIXTH: If the faculties of the incorporators will end upon the filing of the certificate of incorporation, the names and addresses (including street, number and municipality) of the persons who will act as directors until the first annual meeting of the members or until their successors replace them are:*

No habrán de terminar

SEPTIMO: Si las facultades de los incorporadores han de terminar al radicarse el certificado de incorporación, los nombres y las direcciones (incluyendo calle, número y municipio) de las personas que se desempeñaran como directores hasta la primera reunión anual de accionistas o hasta que sus sucesores los reemplacen son:  
SEVENTH: If the faculties of the incorporators will end upon the filing of the certificate of incorporation, the names and addresses (including street, number and municipality) of the persons who will act as directors until the first annual meeting of the stockholders or until their successors replace them are:

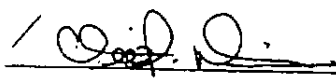
Favor indicar con una "X" la fecha en que la corporación tendrá vigencia:  
Please indicate with an "X" the date on which the corporation will be effective.

la fecha de radicación  
the filing date

la siguiente fecha \_\_\_\_\_ (que no excederá noventa (90) días a partir de la fecha de radicación)  
the following date (which will not exceed ninety (90) days from the filing date)

Véase el párrafo B del Artículo 1.02 de la Ley General de Corporaciones de 1995 para otras cláusulas opcionales.  
Please see paragraph B of Article 1.02 of the General Corporation Law of 1995 for other optional clauses.

Yo/Nosotros, el/los suscribiente(s), siendo el/los incorporador(es) antes señalado(s), con el propósito de formar una corporación profesional conforme a la Ley General de Corporaciones de Puerto Rico de 1995, juro/juramos que los datos contenidos en este Certificado son ciertos, hoy día 31 del mes de enero del año 2003.  
I/We, the undersigned, being the incorporator(s), hereinbefore named, for the purpose of forming a professional corporation pursuant to the General Corporation Law of Puerto Rico of 1995, hereby swear that the facts herein stated are true, this day of \_\_\_\_\_, 19\_\_\_\_.

  
\_\_\_\_\_

Incorporador(es)  
Incorporator(s)