

M21000005673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK UP

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(Business Entity Name)

(Document Number)

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2021 MAY 11 PM 2:31


SECRETARY OF STATE
ATTORNEY GENERAL

APPROVAL
FILED

2021 MAY 11 AM 10:48

12 702
Dr. Moore

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

ACCOUNT NO. : I20000000195
REFERENCE : 800308 4360800
AUTHORIZATION : 
COST LIMIT : \$ 125.00

ORDER DATE : May 10, 2021
ORDER TIME : 10:24 AM
ORDER NO. : 800308-045
CUSTOMER NO: 4360800

FOREIGN FILINGS

NAME: SPRINT SPECTRUM LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER: _____

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. Sprint Spectrum 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
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. 8/1/1996
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability)

5. 12920 SE 38th St., Bellevue, WA 98006
(Street Address of Principal Office)

6. Attn: J. Nelson, Legal Dept.
(Mailing Address)

12920 SE 38th St.

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)

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)

Shanda E. Coleman
notary public in and for the state of Florida

2021 MAY 11 AM 10:48

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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: Dave Miller
☐ Member Address: 12920 SE 38th St.
☐ Authorized Bellevue, WA 98006
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: Katie True-Awtry
☐ Member Address: 6360 Sprint Parkway
☐ Authorized Overland Park, KS 66251
Person _____
☒ Other Asst. Secretary ☐ Other _____

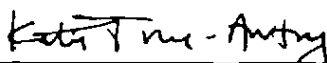
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ 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

Katie True-Awtry, Assistant Secretary

Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPRINT SPECTRUM 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 ELEVENTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SPRINT SPECTRUM LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF MARCH, A.D. 1995.

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



Jeffrey W. Bullock, Secretary of State

2494229 8300

SR# 20211693966

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203170614

Date: 05-11-21