

10/18/21, 3:40 PM

Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
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TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
CLEARCOM WIRELESS SERVICES LLC

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Estimated Charge	\$160.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLEARCOM WIRELESS SERVICES, 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:

LISA ADAMS

Name of Person

LICENSES, ETC., INC.

Firm/Company

27911 CROWN LAKE BLVD., SUITE #211

Address

BONITA SPRINGS, FL 34135

City/State and Zip Code

SUPPORT@LICENSESETC.COM

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

For further information concerning this matter, please call:

LISA ADAMS

239

777-1028

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

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. CLEARCOM WIRELESS SERVICES 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 JERSEY (Jurisdiction under the laws of which foreign limited liability company is organized)
3. S2-1954105 (FPI number, if applicable)

4. (State first transacted business in Florida, if prior to registration) (See sections 605.004 & 605.005, F.S. to determine penalty liability)

5. 70 CLINTON ROAD - REAR A (Street Address of Principal Office)
FAIRFIELD, NJ 07004

6. 70 CLINTON ROAD - REAR A (Mailing Address)
FAIRFIELD, NJ 07004

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TALLAHASSEE, FL

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

Name: JAMES MOHAN

Office Address: 5117 LAYTON DRIVE

VENICE, Florida 34293
(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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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):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>JAKUB SZOSTAK</u>	<input type="checkbox"/> Manager	Name: <u>EDWIN GONZALEZ</u>
<input type="checkbox"/> Member	Address: <u>11 GARRET CT</u>	<input type="checkbox"/> Member	Address: <u>22 REDHAWK LN.</u>
<input type="checkbox"/> Authorized Person	<u>W. MILFORD, NJ 07480</u>	<input type="checkbox"/> Authorized Person	<u>STEWARTSVILLE, NJ 08886</u>
<input checked="" type="checkbox"/> Other <u>AMBR</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>AMBR</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

JAKUB SZOSTAK

Typed or printed name of signer

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**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

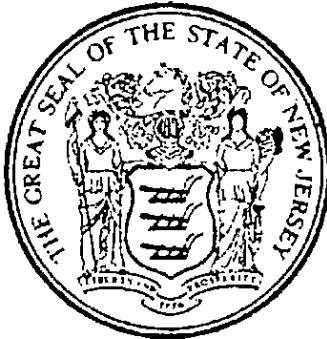
**CLEARCOM WIRELESS SERVICES LLC
0450177318**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on June 17, 2017.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

JAKUB SZOSTAK
70 CLINTON RD
FAIRFIELD, NJ 07004



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
18th day of October, 2021*

*Elizabeth Maher Muoio
State Treasurer*

Certificate Number: 6124270216

Verify this certificate online at

https://www1.state.nj.us/TYFR_StandingCert/JSP/Verify_Cert.jsp

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