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Florida Department of State
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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Foreign Limited Liability Company WYLESS CONNECT, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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K. SALY

FEB - 6 2024

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Wyless Connect, 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. Massachusetts 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized; (FLL number, if applicable)

4. Upon Qualification
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0604 & 605.0605, F.S. to determine penalty liability)

5. 3 Ravinia Drive NE 6. Same
(Street Address of Principal Office) (Mailing Address)

Suite 500

Atlanta, GA 30346

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

C T Corporation System

By: SEAN L. EMERICK, ASSISTANT SECRETARY SEAN L. EMERICK
(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 (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 checked="" type="checkbox"/> Manager	Name: <u>Romil Bahl</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Paul Holtz</u>
<input type="checkbox"/> Member	Address: <u>3 Ravinia Drive NE</u>	<input type="checkbox"/> Member	Address: <u>3 Ravinia Drive NE</u>
<input type="checkbox"/> Authorized	<u>Suite 500</u>	<input type="checkbox"/> Authorized	<u>Suite 500</u>
Person	<u>Atlanta, GA 30346</u>	Person	<u>Atlanta, GA 30346</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	 Name: <u>Jack Kennedy</u>	 <input checked="" type="checkbox"/> Manager	 Name: <u>Tushar Sachdev</u>
<input type="checkbox"/> Member	Address: <u>3 Ravinia Drive NE</u>	<input type="checkbox"/> Member	Address: <u>3 Ravinia Drive NE</u>
<input type="checkbox"/> Authorized	<u>Suite 500</u>	<input type="checkbox"/> Authorized	<u>Suite 500</u>
Person	<u>Atlanta, GA 30346</u>	Person	<u>Atlanta, GA 30346</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	 Name: <u>Bryan Lubel</u>	 <input checked="" type="checkbox"/> Manager	 Name: <u>Louise Winstone</u>
<input type="checkbox"/> Member	Address: <u>3 Ravinia Drive NE</u>	<input type="checkbox"/> Member	Address: <u>3 Ravinia Drive NE</u>
<input type="checkbox"/> Authorized	<u>Suite 500</u>	<input type="checkbox"/> Authorized	<u>Suite 500</u>
Person	<u>Atlanta, GA 30346</u>	Person	<u>Atlanta, GA 30346</u>
<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.

/s/ Romil Bahl

Signature of an authorized person

Romil Bahl, Manager

Typed or printed name of signer



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

January 22, 2024

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

WYLESS CONNECT, LLC

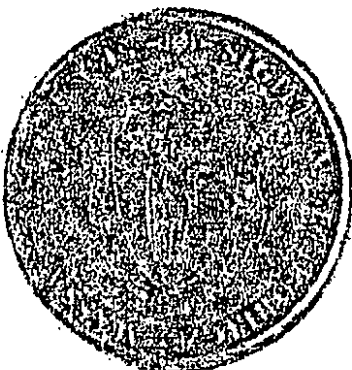
in accordance with the provisions of Massachusetts General Laws Chapter 156C on **May 20, 2013**.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **NONE**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **BRIAN GUEVARA**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **BRIAN GUEVARA**



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

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