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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	VIBE WIRELESS, LLC					
.,.,.,.,,,,,		ne of Limited Liability Company				
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida				
Please r	eturn all correspondence concerning this matter	to the following:				
	Anna Rosca					
		Name of Person				
	Lance J.M. Steinhart, P.C.					
	Firm/Company					
	1725 Windward Concourse, Suite 150					
	Address					
	Alpharetta, GA 30005					
	City/State and Zip Code					
	info@teleconicounsel.com					
	E-mail address: (to h	oe used for future annual report notification)				
For furt	her information concerning this matter, please ca	all:				
Anna Rosca		770 232-9200 at ()				
	Name of Contact Person	Area Code Daytime Telephone Number				
	Mailing Address:	Street Address:				
	Registration Section	Registration Section				
	Division of Corporations	Division of Corporations				
	P.O. Box 6327	The Centre of Tallahassee				
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE \$125.00 Filing Fee \$130.00 Filing Fe Certificate	ec & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate				

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

СОМЕННЕ ГОТКИММСТВО	SENENS IN THE STATE OF PLOKIDAC			
1. VIBE WIRELESS, LL				
(Name of Foreign	Limited Liability Company; must include "Limited	Elability Company," "L.L.C.," or "Lf.C.")		
	SS TELECOM, LLC			
(Il name univariable, enter alternate i	same adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited Lish	hility Company," "L.L.C," or "LLC")	
Delaware 2.		99-0391019 3.		
(Jurisdiction under the law of w	high foreign limited habitity company is organized)	3(FEI number, if applicable)		
4	(1) (to ten) be exceeded by one or blood by the standard by	Total and a second seco	 -	
	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605,0905, F.S. to determine	egistratew.) se penalty liability)		
134 Main St South 5.		134 Main St South		
5. (Street Address of Principal Office)		6. (Mailing Address)		
Suite 70G		Suite 70G	😕	
Southbury, CT 06488		Southbury, CT 06488	2024 JAN 25	
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)		
Name:	Incorp Services, Inc.		PH 2: 1.0	
Office Address:	3458 Lakeshore Drive		f., j	
	Tallahassee	32312 , Florida		
	(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.

Jackie DeFilippis on behalf of InCorp Services, Inc.

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]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Fitor Mamudi Travis Tangredi □ Manager □Manager Name: 134 Main St South 134 Main St South Address: Member **■** Member Suite 70G Suite 70G □ Authorized □ Authorized Southbury, CT 06488 Southbury, CT 06488 Person Person Other Other □Other___ Other Name: Sumit Takkar Dashmir Murtishi □Manager □Manager Address: 134 Main St South Address: _ ■ Member ■ Member Suite 70G Suite 70G □Authorized □ Authorized Southbury, CT 06488 Southbury, CT 06488 Person Person □ Other □Other Other____ Other □Manager Name: _____ □Manager Name: _____ □ Member Address: _ □Member Address: ☐ Authorized □ Authorized Person Person Other □Other ____ □Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 Fitor Mamudi

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "VIBE WIRELESS, 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 SEVENTEENTH DAY OF JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VIBE WIRELESS,
LLC" WAS FORMED ON THE FIFTEENTH DAY OF DECEMBER, A.D. 2023.

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

Authentication: 202605361

Date: 01-17-24

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