M24000008808

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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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W24000070227

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04/16/24--01023--015 **125.00

824 JUN 24 PH 4: 52



May 6, 2024

KRISTEN O'CONNOR 6501 CONGRESS AVE. STE 300 BOCA RATON, FL 33487 US

SUBJECT: CONNECTIVITY WIRELESS DAS HOLDINGS, LLC

Ref. Number: W24000070227

We have received your document for CONNECTIVITY WIRELESS DAS HOLDINGS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Andrea Andrews Regulatory Specialist II

Letter Number: 924A00009784

RECEIVED

JUN 24 2024

COVER LETTER

TO:

Registration Section

	Nam	e of Limited Liability Company		
		Company for Authorization to Transact Business in Florida," Certific referenced foreign limited liability company to transact business in Florida.		
ase return a	Il correspondence concerning this matter t	to the following:		
	Kristen O'Connor			
		Name of Person		
	Connectivity Wireless DAS Holdings,	LLC		
	Firm/Company			
	6501 Congress Ave. Ste 300			
		Address		
	Boca Raton, FL 33487			
	(City/State and Zip Code		
	legal@connectivitywireless.com			
		e used for future annual report notification)		
r further info	ormation concerning this matter, please ca	H:		
Kristen O'Connor		978 979-2519 at ()		
	Name of Contact Person	Area Code Daytime Telephone Number		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Section		
		Division of Corporations		
		The Centre of Tallahassee		
Talla	hassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

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

IN COMPILANCE WITH SECTION 605,0002, FLORIDA SEATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE SEATE OF FLORIDA:

(Name of Foreign	Limited Liability Company, must include "Limited	d Liability Comp	sany," "L.L.C.," or "LLC.")	
t name unavailable, enter alternate	name adopted for the purpose of transacting business in Fl	orida. The alternat	e name must include "Limited Liability Co	smpany," "L.I., C," or "I
Georgia			934316	
Clurisdiction under the law of which foreign limited hability company is organ		J	(FEI munber, if applicable)	
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determine	registration) ine penalty liability	n	
6501 Congress Ave		6501 6.	Congress Ave	
reet Address of Principal Office)		0	(Mailing Address)	
Ste 300		Ste 300		
Boca Raton, FL 33487		Boca	Raton, FL 33487	
Name and street address	ss of Florida registered agent: (P.O. Box	NOT accept	able)	2uí
Name:	CT Corporation		_	צועב אינוע אינוצ 24
Office Address:	1200 S Pine Island Rd # 250		_	Ψ. PH
	Plantation		33324 _ , Florida	l ₄ : 5
	(Cuy)		(Zip code)	\sim

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)

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:	Title or Capacity:	Name and Address:
□Manager	Name: Kristen O'Connor	□Manager	Name: Paul McGinn
□Member	Address:	■Member	Address: 6501 Congress Avenue
Authorized	Ste 300	□Authorized	Ste 300
Person	Boca Raton, FL 33487	Person	Boca Raton, FL 33487
Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	□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.

Ktilli			
17	Signature of an authorized person		
Kristen O'Connor			
	Typed or printed name of signee		

Control Number: 16022420

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Connectivity Wireless DAS Holdings, LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 27355858 Date Inc/Auth/Filed: 03/07/2016 Jurisdiction : Georgia Print Date : 06/07/2024

Form Number : 211



Brad Rafforgage

Brad Raffensperger Secretary of State