M24000008904

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
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Special Instructions to Filing Officer:

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2024 JUL 12 AM IO: 24

APPROVED

RECEIVED

JUL 1 5 2024 K. Brumbley



CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext:

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext:

Date: 07/12/24 Order #: 1554220-2 Re: Iridium Satellite LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

12000000195 Certificate of Good Standing from State of Incorporation

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

COVER LETTER

Registration Section

TO:

CT:	C. I in the d. I fallifier. Commun.	
Nam	ne of Limited Liability Company	
	Company for Authorization to Transact Business in Florida," Certificeferenced foreign limited liability company to transact business in	
eturn all correspondence concerning this matter	to the following:	
	Name of Person	
	Firm/Company .	
	Address	
C	City/State and Zip Code	
E-mail address: (to be	e used for future annual report notification)	
her information concerning this matter, please ca	II:	
Name of Contact Person	at () Area Code Daytime Telephone Number	
Mailing Address:	Street Address: Pagistration Section	
Registration Section Division of Corporations	Registration Section 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:		

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

IN COMPLIANCE WITH SECTION 665,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

nume umivailable, estet Piemate (iame adopted for the purpose of transacting postness in Flo	rido. The ofternate name must include "Lunited	Liability Company," "U.L.C," o
Delaware		54-2000237 3.	
(Jarisdiction under the law of w	hick foreign limited liability company is organized)	(FFI no	orber, of applicable)
	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 601,0905, F.S. to determin	egistration) triponally liability)	
1750 Tysons Boulev	ard	6. (Mailing Address)	1
rees Address of Principal Office)		(Mailing Address)	
Suite 1400		Suite 1400	
McLean, VA 22102		McLean, VA 22102	
Name and street address	is of Florida registered agent: (P.O. Box	NOT acceptable)	M24 JUL PACTAGE
Name:	Corporation Service Company		12 A
Office Address:	1201 Hays Street	_ -	AM IO: 24
	Tallahassee	32301	
		, Florida	

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: Shauna Godbolt 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:	□Manager	Name:
■Member	Address:	□Member	Address: 1750 Tysons Boulevard
□Authorized	Suite 1400	Authorized	Suite 1400
Person	McLean, VA 22102	Person	McLean, VA 22102
□Other	Other	□ Other	□Other
□Manager	Name: Matthew J. Desch	□Manager	Name:
□Member	Address:	□Member	Address:
Authorized	Suite 1400	■Authorized	Suite 1400
Person	McLean, VA 22102	Person	McLean, VA 22102
□Other	Other	⊡Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	<u></u>
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.

Signature of an authorized person

Kathleen A. Morgan, Chief Legal Officer

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "IRIDIUM SATELLITE 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 TWELFTH DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IRIDIUM SATELLITE LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF JULY, A.D. 2000.

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

Authentication: 203912477

Date: 07-12-24

3267321 8300 SR# 20243124632