

Florida Department of State
 Division of Corporations
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DIVISION OF CORPORATIONS
 FLORIDA DEPARTMENT OF STATE

**Foreign Limited Liability Company
 AIRSPAN NETWORKS HOLDINGS LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2024 NOV -1 PM 1:19

APPROVED
 AND
 FILED

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Airspan Networks Holdings 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. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 777 Yamato Rd., Suite 310 (Street Address of Principal Office) Boca Raton, FL 33431 6. 777 Yamato Rd., Suite 310 (Mailing Address) Boca Raton, FL 33431

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)

APPROVED AND FILED 2024 NOV -1 PM 1:19 DEPARTMENT OF STATE, INTERNATIONAL AFFAIRS

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.

By: Meredith Hellwig (Registered agent's signature) Meredith Hellwig, Assistant Sec.

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 checked="" type="checkbox"/> Manager	Name: <u>Glenn Laxdal</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Marc Heimowitz</u>
<input type="checkbox"/> Member	Address: <u>512 Rainforest Lane</u>	<input type="checkbox"/> Member	Address: <u>150 NE 6th Ave, Unit T</u>
<input type="checkbox"/> Authorized Person	<u>Allen, Texas 75013</u>	<input type="checkbox"/> Authorized Person	<u>Delray Beach, Florida 33483</u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>

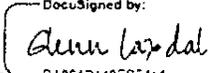
<input checked="" type="checkbox"/> Manager	Name: <u>Scott Mair</u>	<input checked="" type="checkbox"/> Manager	Name: <u>James Palmer</u>
<input type="checkbox"/> Member	Address: <u>6808 Mulhouse Ct.</u>	<input type="checkbox"/> Member	Address: <u>P O Box 7130</u>
<input type="checkbox"/> Authorized Person	<u>Plano, Texas 75024</u>	<input type="checkbox"/> Authorized Person	<u>Amagansett, New York 11930</u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>

<input checked="" type="checkbox"/> Manager	Name: <u>Lin Chen</u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u>777 Yamato Road, Suite 310</u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized Person	<u>Boca Raton, Florida 33431</u>	<input type="checkbox"/> Authorized Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>

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.

DocuSigned by:

 043640448EBC4AA .

 Signature of an authorized person

Glenn Laxdal, CEO and Manager

 Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AIRSPAN NETWORKS HOLDINGS 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 THIRTY-FIRST DAY OF OCTOBER, A.D. 2024.

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




Jeffrey W. Bullock, Secretary of State

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SR# 20244100290

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204772072

Date: 10-31-24