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2024 DEC 11 PM 2:00

T. LEMMON

JAN 09 2025

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CNT WIRELESS LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

UMAR WARRAICH
Name of Person
CNT WIRELESS LLC
Firm/Company
256 JERICHO TPKE
Address
FLORAL PARK, NY 11001
City/State and Zip Code
Prakashchavdaepa@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

UMAR WARRAICH at (718-831-6300)
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. CNT WIRELESS 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. NY

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 36-4835835

(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. 117 NE 1st AVENUE

(Street Address of Principal Office)

9TH FLOOR

MIAMI, FL 33132

6. 117 NE 1st AVENUE

(Mailing Address)

9TH FLOOR

MIAMI, FL 33132

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

Name:

UMAR WARRAICH

Office Address:

117 NE 1st AVENUE, 9TH FLOOR

MIAMI

(City)

33132

(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.

Umar Warraich

(Registered agent's signature)

2007 DEC 11 PM 2:00

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:**

☐ Manager Name: SAJID BUTT

☒ Member Address: 790 DODGE ROAD

☐ Authorized GETZVILLE, NY 14068

Person

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: UMAR WARRAICH

☒ Member Address: 7081 #5 SIDE ROAD

☐ Authorized MILTON, ON, L9T 2X7

Person

☐ Other ☐ Other

☐ Manager Name: MUHAMMAD AWAIS

☒ Member Address: 7281 MAGISTRARE

☐ Authorized MISSISSAUGA, ON, L5W 1H8

Person

☐ Other ☐ Other

☐ Manager Name: MUHAMMAD SHOAIB

☒ Member Address: 8291 HORNBY ED

☐ Authorized HALTON HILLS, ON, L7G 4S5

Person

☐ Other ☐ Other

☐ Manager Name: FARHAN KHAN

☒ Member Address: 1-7 LAKE LAWN ROAD

☐ Authorized GRIMSBY, ON L3M 0E9

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

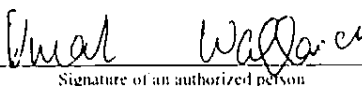
Person

☐ 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

UMAR WARRAICH

Typed or printed name of signer

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	CNT WIRELESS LLC
DOS ID Number:	4937904
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	04/28/2016
Statement Status:	CURRENT
Statement Due Date:	04/30/2026

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,
at the City of Albany, on November 22, 2024 at 01:38 P.M.

WALTER T. MOSLEY
Secretary of State

A handwritten signature in black ink, reading "Brendan C. Hughes".

BRENDAN C. HUGHES
Executive Deputy Secretary of State

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Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>