

Division of Corporations

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Florida Department of State
Division of Corporations
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Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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Email Address: accounting@wirelessbuybacks.com

66:31:11 2025
SH...
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WIRELESS BUYBACK LLC

Foreign Limited Liability Company
WIRELESS BUYBACK LLC

Certificate of Status	0
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K. SALY

JAN 28 2025

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. WIRELESS BUYBACKS, 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. DE 90-0864671
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 16171 Premier Park Dr, Ste 110 16171 Premier Park Dr, Ste 110
(Street Address of Principal Office) (Mailing Address)
Fort Myers, FL 33913 Fort Myers, FL 33913

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)

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STATE OF FLORIDA
TALLAHASSEE, FL 32309

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: C T Corporation System Eric Jensen, Assistant Secretary
(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Brendan Skelly</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Cameron Palmer</u>
<input checked="" type="checkbox"/> Member	Address: <u>16171 Premier Park Dr</u>	<input type="checkbox"/> Member	Address: <u>16171 Premier Park Dr</u>
<input type="checkbox"/> Authorized Person	<u>Ste 110</u> <u>Fort Myers, FL 33913</u>	<input type="checkbox"/> Authorized Person	<u>Ste 110</u> <u>Fort Myers, FL 33913</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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 TALLAHASSEE, FLORIDA

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

Cameron Palmer

Typed or printed name of signee

Delaware

The First State

I, KRISTOPHER E. KNIGHT, ACTING SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WIRELESS BUYBACKS, 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 TWENTY-SECOND DAY OF JANUARY, A.D. 2025.

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

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STATE OF DELAWARE
TALLAHASSEE FLORIDA



Kristopher E. Knight, Acting Secretary of State

Authentication: 202751128

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January 22, 2025

WIRELESS BUYBACKS LLC, an inactive Florida limited liability company with Doc ID L22000507779 (the "Company"), filed articles of dissolution with the Florida Department of State on January 22, 2025. The Company has no intention of revoking the dissolution, therefore, releasing the name for use to another entity, and hereby consents to Wireless Buybacks LLC, a Delaware limited liability company, using the name "Wireless Buybacks LLC" when registering with the Florida Department of State.

By: 

Name: Brendan Skelly

Title: CEO

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 STATE DEPARTMENT OF REVENUE
 TALLAHASSEE, FLORIDA

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