# m99000000712

	FILING COVER SHEET
REFERENCE:	0173 . 6589
DATE:	4-29-99
CONTACT:	CINDY HICKS
FROM:	CORPORATE & CRIMINAL RESEARCH SERVICES & TH
•	103 N. MERIDIAN STREET
	TALLAHASSEE, FL 32301
TELEPHONE:	222-1173
SUBJECT:	Globe-Wireless-LLC
STATE FEES PREPAID W	TTH CHECK # 09625 FOR \$ 346.25
PLEASE FILE:	-04/29/9901080012 ****346.25 *****346.25
( ) ARTICLES OF INC.	() AMENDMENT () DISSOLUTION () Member
( ) ANNUAL REPORT	() MERGER () WITHDRAWAL (3) Date 124
Whee of QUALIFICATION	( ) LIMITED PARTNERSHIP ( ) ANNUAL REPORT WILL INC.
Pocument FICTITIOUS NAME	() LIMITED LIABILITY () REINSTATEMENT OF OFFICE OF
Document ) TRADEMARK/SERVICE	( ) UCC-1 ( ) UCC-3
Updater PROVIDE US WITH:	
Updater Verifyer (X) CERTIFIED COPY	( ) CERTIFICATE OF STATUS ( ) STAMPED COPY
Acknowledgement DCC	
W. P. 'erityer DCC' Examiner's Initials	79900000718
100 0000 10103	



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 29, 1999

CINDY HICKS CCRS 103 N MERIDIAN STREET TALLAHASSEE, FL 32301

SUBJECT: GLOBE WIRELESS LLC

Ref. Number: W99000010103

We have received your document for GLOBE WIRELESS LLC and your check(s) totaling \$346.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

You must provide this office with the agreed value and a written description of the property and/or services you refer to in your affidavit. You may amend your affidavit to include this description or include an attachment.

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) 487-6913.

Diane Cushing Corporate Specialist

Letter Number: 499A00023042

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

		USINESS IN THE STAT		=		-
1. Goo (Name of so cont	SEWICEUSS LLC of foreign limited liability company m ained in the name at present.)	oust end with the word	s "limited company	" or their abbrevi	ation "L.C." if	not
(Jurisdie	twarz হ ction under the law of which foreign I y is organized)	3 <u></u>	52-2/6 <i>51</i> (FEI m	3 = mber, if application	ble)	
4. <u>APr</u>	(Date of Organization)	5. <del>(D</del>	ERPETUA ( uration: Year limite st or "perpetual")	d liability compa		. , 12  > . 
6	UPON QUALIF: CATION (Date first transacted business	in Florida. (See section	ons 608.501, 608.50	02, and 817.155,	APR 29	
7. <u>55</u>	50 PILGIZIA Dreive			<u>=</u>	7 B	U
Fe	STER CITY, CHUFE	Street address of prin	cipal office)	CFQ	II: 20 TATE ORIBA	- - 
8. List na	me, title, and business address	of anah managing i	1 (1) (0) (1)	7 <del></del>	100 3 to -	
	anage the foreign limited liabilit					٠.
	anage the foreign limited liabilit	ty company in Flor	rida: (attach addi	tional page if i	necessary) TITLE:	
	anage the foreign limited liabilit	ty company in Flor	rida: (attach addi	tional page if i	necessary) TITLE:	
	NAME & ADDRESS:  GLOBE WINESTESS, IN  SERCOR SMIT, INC	TITLE: MANAGING HENSEZ HEMBER	NAME & ADI	tional page if i	necessary) TITLE:	
	NAME & ADDRESS:  GLOBE WINESTESS, IN  SERCOR SMIT, INC	TITLE: MANAGING HENSEZ HEMBER	NAME & ADI	tional page if i	necessary) TITLE:	
	NAME & ADDRESS:	TITLE: MANAGING HENSEZ HEMBER	NAME & ADI	tional page if i	necessary) TITLE:	
	NAME & ADDRESS:  GLOBE WINESTESS, IN  SERCOR SMIT, INC	TITLE: MANAGING HENSEZ HEMBER	NAME & ADI	tional page if i	necessary) TITLE:	
	NAME & ADDRESS:  GLOBE WINESTESS, IN  SERCOR SMIT, INC	TITLE: MANAGING HENSEZ HEMBER	NAME & ADI	tional page if i	necessary) TITLE:	

<sup>9.</sup> Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

### AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized	d representative of a member of	_	<del>_</del> ·
GLOSE/DIRECESS LLC	certifies:	V= - <del>조</del> - 연명	<u>=</u> ;
1) the above named limited liability co	empany has at least two members;	· <del>=</del> ·	
2) the total amount of cash contributed	by the member(s) is	= \$ <u>500,00</u>	<u>Ø ;</u> .
3) if any, the agreed value of property (A description of the property is atta and Fixed Assets, Tangibles, 4) the total amount of cash and propert by member(s) is (This total includes amounts from 2	nched and made a part hereto.)    NVENTORY and Receivables ty contributed and anticipated to be contributed.		
Signature of a memile (in accordance with seed affidavit constitutes an a stated herein are true.)	per or an authorized representative tion 608.408(3), Florida Statutes, the execution firmation under the penalties of perjury that	SECILETALL STATE OF a member: STATE of a member: STATE on of this the facts	
William A. SP.			,
	Typed or printed name osignee	<del>-</del>	

Filing Fee: \$250.00 for Application and Affidavit

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:			
Globe Wireless, LLC			
2. The name and the Florida street address of the registered agent and office are		99 APR	<u>س</u>
NRAI Services, Inc.		29	
(Name)	EES.	M	ED
526 East Park Avenue		2	
Florida street address (P.O. Box NOT ACCEPTABLE)	- D'''	0	-
Tallahassee FL 32301 City/State/Zip	<del></del>		٠

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature)
Charles Baclet, Vice President

Filing Fee: \$ 35 for Designation of Registered Agent

#### State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GLOBE WIRELESS, 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-SEVENTH DAY OF APRIL, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID GLOBE WIRELESS, LLC" WAS FORMED ON THE TWENTIETH DAY OF APRIL, A.D. 1999 2

AND I DO HERBBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE

8300 **AUTHENTICATION:** 

9708922

DATE:

<u>--04-27-99</u>

3032297

991164227