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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : SBA COMMUNICATIONS CORPORATION
Account Number : I20020000107
Phone : (561) 995-7670
Fax Number : (561) 998-3448

12 JUL 20 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
SBA Towers USVI II, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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K 07/23/12

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLE I NAME SBA Towers USVI II, Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICEPrincipal street address
5900 Broken Sound Pkwy. NW
Boca Raton, FL 33487

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is:
transacting any and all lawful business.**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Jeffrey A. Stoops, CEO/P/D
Address: 5900 Broken Sound Pkwy. NW
Boca Raton, FL 33487Name and Title: Thomas P. Hunt, SVP/Sec/D
Address: 5900 Broken Sound Pkwy. NW
Boca Raton, FL 33487Name and Title: Mark Ciarfella, SVP/D
Address: 5900 Broken Sound Pkwy. NW
Boca Raton, FL 33487Name and Title: Brendan Cavanagh, CFO/T
Address: 5900 Broken Sound Pkwy. NW
Boca Raton, FL 33487Name and Title: Jason Silberstein, SVP
Address: 5900 Broken Sound Pkwy. NW
Boca Raton, FL 33487Name and Title: Brian I. Lazarus, CAO
Address: 5900 Broken Sound Pkwy. NW
Boca Raton, FL 33487**ARTICLE VI REGISTERED AGENT**

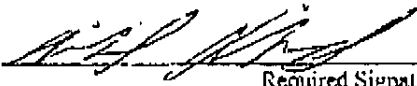
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Corporate Creations Network Inc.
Address: 11380 Prosperity Farms Rd #221E
Palm Beach Gardens, FL 33410**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Thomas P. Hunt
Address: 5900 Broken Sound Pkwy. NW
Boca Raton, FL 33487

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Michael Reinhold, Vice President

Required Signature/Registered Agent

7/20/12
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.



Required Signature/Incorporator

7/20/12
Date