Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BLALOCK, WALTERS, HELD &

Account Number: 076666003611

Phone : (941)748-0100

Fax Number

: (941)745-2093

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

Email Address: <u>e Dennination (vol.) and volters com</u>

FLORIDA PROFIT/NON PROFIT CORPORATION ASCEND WIRELESS NETWORKS, INC

THE SAME PROPERTY OF STREET, S	CONTRACTOR DATES CONTRACTOR HERCOLLING PLANSING AND CONTRACTOR AND
Certificate of Status	0
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

August 30, 2013

Florida Secretary of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314 Fax: (850) 617-6381

VIA FAX

To Whom It May Concern:

Please find enclosed the Articles of Incorporation for ASCEND WIRELESS NETWORKS, INC. As a manager of "ASCEND WIRELESS NETWORKS, LLC", (document #L13000058248), I waive the issue of the non-distinguishable name and ask that you file the enclosed Articles. As demonstrated in the attached Articles of Incorporation, the ownership between the two entities is identical.

Sincerely,

Glen Fausset

Shareholder and Director of Ascend Wireless Networks, Inc.

Ila W Javet

Manager of Ascend Wireless Networks, LLC

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TICLE II	In compliance with Chapter 607 and NAME poration shall be: ASCEND WIRE PRINCIPAL OFFICE Principal street address DSON LANE	Mailing address, if different is: POR BOX 687
AMPA, f	L 33618	ANNA MARIA, FL 34216
PICLE III F purpose for wh	PURPOSE ich the corporation is organized is: Any ar	nd all lawful business.
		,
YCLE IV S	SHARES s of stock is: 100	
umber of share	NITIAL OFFICERS AND/OR DIRECTORS	<u>S</u>
umber of share	NITIAL OFFICERS AND/OR DIRECTORS	S Name and Title:
TCLE V I	NITIAL OFFICERS AND/OR DIRECTORS	
TCLE V I	NITIAL OFFICERS AND/OR DIRECTORS CILIO: GLEN W. FAUSSET, DIRECTOR 112 MANGROVE AVE.	Name and Title:
TCLE V I	MITIAL OFFICERS AND/OR DIRECTORS GLEN W. FAUSSET, DIRECTOR 112 MANGROVE AVE. ANNA MARIA, FL 34216 DONALD R. PATTERSON DIRECTOR	Name and Title:
Name and T	MITTAL OFFICERS AND/OR DIRECTORS GLEN W. FAUSSET, DIRECTOR 112 MANGROVE AVE. ANNA MARIA, FL 34216 DONALD R. PATTERSON, DIRECTOR 4209 HUDSON LANE	Name and Title: Address: Name and Title:
TCLE V I Name and I Address	MITTAL OFFICERS AND/OR DIRECTORS GLEN W. FAUSSET, DIRECTOR 112 MANGROVE AVE. ANNA MARIA, FL 34216 DONALD R. PATTERSON, DIRECTOR 4209 HUDSON LANE	Name and Title:Address:
Name and T	MITTAL OFFICERS AND/OR DIRECTORS GLEN W. FAUSSET, DIRECTOR 112 MANGROVE AVE. ANNA MARIA, FL 34216 DONALD R. PATTERSON, DIRECTOR 4209 HUDSON LANE	Name and Title: Address: Name and Title:
Name and T Name and T Address	MITTAL OFFICERS AND/OR DIRECTORS GLEN W. FAUSSET, DIRECTOR 112 MANGROVE AVE. ANNA MARIA, FL 34216 DONALD R. PATTERSON, DIRECTOR 4209 HUDSON LANE TAMPA, FL 33618	Name and Title: Address: Address:
Name and T Name and T Address	MITTAL OFFICERS AND/OR DIRECTORS GLEN W. FAUSSET, DIRECTOR 112 MANGROVE AVE. ANNA MARIA, FL 34216 DONALD R. PATTERSON, DIRECTOR 4209 HUDSON LANE TAMPA, FL 33618	Name and Title: Address: Name and Title:

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Name and Title:		SEGRETARY OF STATE LABLEAHASSEE, FLORIDA Name and Title				
Addre	18S	Address: _				
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		. <u>-</u>				
ARTICLE VI	REGISTERED AGENT Horlda street address (P.O. Box NOT acceptable) of	the registered ager	ıt is:			
Name:	GLEN W. FAUSSET	and to British and are				•
Address:	112 MANGROVE AVE					
	ANNA MARIA, FL 34216					
RTICLE VII	INCORPORATOR					
he <u>name and r</u>	address of the Incorporator is:					
Name:	GLEN W. FAUSSET				•	
Address:	112 MANGROVE AVE					
	ANNA MARIA, FL 34216					•
laving been na his certificate, 1	imed as registered agent to accept service of process j [am familiar with and accept the appointment as regl	for the above state stered agent and a	d corpo grae to c	ration at act in this	the place des capacity	signated in
Her Wo	A -				/30/13	,
Required Signature/Registered Agent			Date			