Filing Fee: \$150.00 ID Number:



### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

#### LIMITED LIABILITY COMPANY

#### **APPLICATION FOR REGISTRATION**

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

Isl	and, and for that purpose submits the following statement:					
1.	The name of the limited liability company is:					
	Connecticut Business Systems, LLC		·····	· · · · · · · · · · · · · · · · · · ·		
2.						
3.						
4.						
5.						
6.	The address of the limited liability company's resident agent in Rhode Island is:					
	155 South Main Street, Suite 301	Providence	, RI 02903	2		
	(Street Address, not P.O. Box)	(City/Town)	_ (	Zip Code)		
	and the name of the resident agent at such address is CT Corporation System					
		(Name of Ag	ent)	i		
7.	The secretary of state is appointed the agent of the fore- time there is no resident agent or if the resident agent cal diligence.	eign limited liability company f nnot be found or served follow	or service of pring the exercise	rocess if at any e of mesonable		
8.	The address of any office required to be maintained in limited liability company is organized is:	the state or other jurisdiction	under the lav	vs Which the		
9.	The mailing address for the limited liability company is: 50 Rockwell Road, Newington, CT 06111					
	30 Rockwell Road, Newligton, C1 00111					
		FILED				
		OCT 08 200	a			
Form No. 450		501 00 200.	,			

Revised: 12/05

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1Õ.	Management of the Limited Liability Company:  A. The limited liability company is to be managed by its members. (If you have checked this box, go to item no. 11.)			
A.				
		<u>or</u>		
В.	The limited liability company is to company has managers at the tire address of each manager.)	be managed		
	Manager	Address		
Mi	chael Shea	3820 Northdale Blvd #200A, Tampa, FL 33624		
Par	ul A. Schulman	3820 Northdale Blvd #200A, Tampa, FL 33624		
Wi	lson Vega	50 Rockwell Road, Newington, CT 06111		
11. Thi	s application is accompanied by a cert horized officer of the jurisdiction under	ificate of good standing duly authenticated by the secretary of state or other which the foreign limited liability company was organized.		
		Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.		
Date:_	10-1-2009	Connecticut Business Systems, LLC  By  Signature of authorized person		

# Delaware

PAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CONNECTICUT BUSINESS SYSTEMS, 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 SIXTH DAY OF OCTOBER, A.D. 2009.

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

3499966 8300

090913681

AUTHENTICATION: 7568440

DATE: 10-06-09

You may verify this certificate online at corp. delaware.gov/authver.shtml

# Delaware

PAGE 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "VIRGIN MOBILE USA, L.P." 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 SIXTH DAY OF OCTOBER, A.D. 2009.

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

3442933 8300

090912841

You may verify this certificate online at corp.delaware.gov/authver.shtml

AUTHENTYCATION: 7567915

DATE: 10-06-09

Jeffrey W. Bullock, Secretary of State