RI SOS Filing Number: 201930598230 Date: 12/23/2019 1:07:00 PM

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State of Rhode Island and Providence Plantations Department of State - Business Services	Division	
- Dusiness Services	DIAI21011	·
Application for Registration		
FOREIGN Limited Liability Company		1.38.61
→ Filing Fee: \$150,00		
Pursuant to the provisions of RIGL <u>7-16-49</u> , the undersigned applies for a Certificate of Registration to transact business in purpose submits the following statement:	foreign limited liability company in the State of Rhode Island, and	hereby for that
The name of the limited liability company is:		
Tower Technology Services, LLC		
Is this company organized in its state or country of formation	as a low-profit limited liability c	ompany? Yes No ✓
The name, if different, under which it proposes to register ar	nd transact business in Rhode Is	aland is:
2. The LLC is organized under the laws of: Pennsylvania		
3. The date of its organization is: 12/24/2012		
And the period of its duration is: CHECK ONE BOX ONLY	······································	
Perpetual (on-going)		
Date certain for dissolution		·
4. The name and address of the resident agent/office in Rho	de Island is:	
Agent Name		
InCorp Services, Inc.	· · · · · · · · · · · · · · · · · · ·	
Street Address (<u>NOT</u> a P.O. Box) 222 Jefferson Blvd., Suite 200		
City/Town	State	Zip Code
Warwick	RHODE ISLAND	02888
5. The purpose or purposes which it proposes to pursue in the	ne transaction of business in Rh	ode Island are:
Telecommunications Construction		

MAIL TO:

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Thomas (401) 222-3040

LO: | Hd EZ J30 | | |

FILED AND

Check the box to indicate an attachment

FORM 450 - Revised 11/2019

The RI Department of State is appointed any time, there is no resident agent or if the diligence.	ed the agent of the foreign limited liability company the resident agent cannot be found or served following	or service of process if, at ng the exercise of reasonable	
The address of the office required to be if not so required, of the principal office of	e maintained in the state or country of its organization the foreign limited liability company is:	on by the laws of that state or,	
640 Allendale Rd., King Of Prussia, PA 19	406		
8. The mailing address for the limited liab	ility company is:		
640 Allendale Rd., King Of Prussia, PA 19	406		
9. Management of the Limited Liability Co	mpany:		
The Limited Liability Company is to be ma	anaged by: CHECK ONLY ONE BOX		
By its members (If you have checked	this box, go to Section 9. (DO NOT fill out the char	t below.)	
By one (1) or more managers (List managers below)			
MANAGER	ADDRESS		
10. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of filing.			
11. Date when this application for Certifica	ate of Registration will be effective: CHECK ONE Be	OX ONLY	
✓ Date received (Upon filing)			
Later effective date (Date must be no	more than 90 days from the date of filing)		
Under penalty of perjury, I declare and affi accompanying attachments, and that all s	irm that I have examined this Application for Registr tatements contained herein are true and correct.	ation, including any	
Type or Print Name of LLC		Date	
Tower Technology Services, LLC	-	December 11, 2019	
Signature of Authorized Person			
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COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

12/19/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Tower Technology Services, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

SECOND SE

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the Commonwealth

Certification Number: TSC191219110722-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

December 23, 2019 01:07 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

