

Pursuant to the provisions of RIGL <u>7-16-49</u> , 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:	

pplication for Registration OREIGN Limited Liability Company		R.I. OFFICEIVED P BIJS SYCS DINTE
→ Filing Fee: \$150.00		2021 SEP SYCS DIATE
ursuant to the provisions of RIGL <u>7-16-49</u> , the undersigned for oplies for a Certificate of Registration to transact business in the urpose submits the following statement:	reign limited liability company he State of Rhode Island, and	hereby /
The name of the limited liability company is:		
Mobilitie Operations, LLC		
s this company organized in its state or country of formation a	s a low-profit limited liability co	ompany? Yes No 🗵
The name, if different, under which it proposes to register and	transact business in Rhode Isl	and is:
2. The LLC is organized under the laws of: Delaware		
3. The date of its organization is: July 6, 2021		
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 Rhode	e Island is	
Agent Name C T Corporation System		
Street Address (<u>NQT</u> a P.O. Box) 450 Veterans Memorial Parkwa	ay, Suite 7A	
City/Town East Providence	State RHODE ISLAND	Zip Code 02914
5. The purpose or purposes which it proposes to pursue in the	transaction of business in Rh	ode Island are:
Management Services		
	Check the bo	x to indicate an attachment
		<u> </u>
MAIL TO:		FILED STACK
livision of Business Services	SF	P 0 9 2021
48 W. River Street, Providence, Rhode Island 02904-2615 (hone: (401) 222-3040	/	k CATOO
Vebsite: www.sos.ri gov	BY <u>- /</u>	L G4J89
	/	'05

6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.				
7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:				
660 Newport Center Drive, Suite 200, Newport	-			
8. The mailing address for the limited liability company is:				
660 Newport Center Drive, Suite 200, Newpor	d Beach, CA 92000			
9. Management of the Limited Liability Cor	mpany:			
The Limited Liability Company is to be managed by: CHECK ONLY ONE BOX				
By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.)				
───────────────────────────────────				
MANAGER	ADDRESS			
Mobilitie Management, LLC	660 Newport Center Drive, Suite 200, Newport Beach,	CA 92660		
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 BO	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 affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.				
Type or Print Name of LLC		Date		
Mobilitie Operations, LLC		July 30, 2021		
Signature of Authorized Person				

Page 1



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

DELAWARE, DO HEREBY CERTIFY "MOBILITIE OPERATIONS, 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 THIRD DAY OF SEPTEMBER, A.D. 2021.

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

Authentication: 204083754

Date: 09-03-21