



Office of the Secretary of State
Corporations Section
P.O. Box 13697
Austin, Texas 78711-3697
(Form 503)

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**ASSUMED NAME CERTIFICATE
FOR FILING WITH THE SECRETARY OF STATE**

1. The assumed name under which the business or professional service is or is to be conducted or rendered is:

TelcoRoutes

2. The name of the entity as stated in its certificate of formation, application for registration, application for certificate of authority, or comparable document is:

Sky|Wi Telecommunications Holdings, LLC

3. The state, country, or other jurisdiction under the laws of which it was incorporated, organized or associated is **TEXAS** and the address of its registered or similar office in that jurisdiction is:

5148 Village Creek Drive Suite 300, Plano, TX, USA 75093

4. The period, not to exceed 10 years, during which the assumed name will be used is (enter number of years or a date of expiration): **04/07/2019**

5. The entity is a : **Domestic Limited Liability Company (LLC)**

6. If the entity is required to maintain a registered office in Texas, the address of the registered office is:

5148 Village Creek Drive Suite 300, Plano, TX, USA 75093

and the name of its registered agent at such address is:

Fernando Moyron

The address of the principal office (if not the same as the registered office) is:

7. If the entity is not required to or does not maintain a registered office in Texas, the office address in Texas is:

and if the entity is not incorporated, organized or associated under the laws of Texas, the address of its place of business in Texas is:

and the office address elsewhere is:

8. The county or counties where business or professional services are being or are to be conducted

or rendered under such assumed name are:

ALL COUNTIES

9. The undersigned, if acting in the capacity of an attorney-in-fact of the entity, certifies that the entity has duly authorized the attorney-in-fact in writing to execute this document. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

Sky|Wi Telecommunications Holdings, LLC

Name of the entity

By: **Fernando Moyron**

Signature of officer, general partner, manager,
representative or attorney-in-fact of the entity

NOTE

This form is designed to meet statutory requirements for filing with the secretary of state and is not designed to meet filing requirements on the county level. Filing requirements for assumed name documents to be filed with the county clerk differ. Assumed name documents filed with the county clerk are to be executed and acknowledged by the filing party, which requires that the document be notarized.

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