

Ma 000015340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

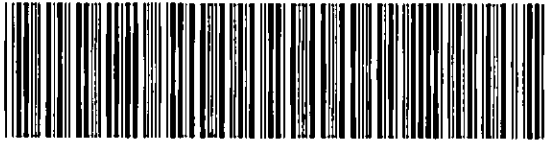
(Business Entity Name)

(Document Number)

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2021 NOV 16 PM 3:58  
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NOV 17 2021  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 245559 7106939  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$125.00

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ORDER DATE : November 15, 2021  
ORDER TIME : 2:40 PM  
ORDER NO. : 245559-005  
CUSTOMER NO: 7106939

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FOREIGN FILINGS

NAME: SIGNAL MANAGEMENT SERVICES,  
LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: \_\_\_\_\_

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Signal Management Services, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Signal Management Services of Florida, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 87-3227442
(FEI number, if applicable)

4.
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 64 Danbury Road, Suite 200
(Street Address of Principal Office)
Wilton, CT 06470

6. 64 Danbury Road, Suite 200
(Mailing Address)
Wilton, CT 06470

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

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Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Eyleina Bahor
Assistant Vice President
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u>                   | <u>Name and Address:</u>                   | <u>Title or Capacity:</u>                   | <u>Name and Address:</u>                   |
|---------------------------------------------|--------------------------------------------|---------------------------------------------|--------------------------------------------|
| <input checked="" type="checkbox"/> Manager | Name: <u>Joel Wine</u>                     | <input checked="" type="checkbox"/> Manager | Name: <u>Tom Godfrey</u>                   |
| <input type="checkbox"/> Member             | Address: <u>64 Danbury Road, Suite 200</u> | <input type="checkbox"/> Member             | Address: <u>64 Danbury Road, Suite 200</u> |
| <input type="checkbox"/> Authorized Person  | <u>Wilton, CT 06470</u>                    | <input type="checkbox"/> Authorized Person  | <u>Wilton, CT 06470</u>                    |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____       |
| <input checked="" type="checkbox"/> Manager | Name: <u>James Kennedy</u>                 | <input checked="" type="checkbox"/> Manager | Name: <u>Amy Husted</u>                    |
| <input type="checkbox"/> Member             | Address: <u>64 Danbury Road, Suite 200</u> | <input type="checkbox"/> Member             | Address: <u>64 Danbury Road, Suite 200</u> |
| <input type="checkbox"/> Authorized Person  | <u>Wilton, CT 06470</u>                    | <input type="checkbox"/> Authorized Person  | <u>Wilton, CT 06470</u>                    |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____       |
| <input checked="" type="checkbox"/> Manager | Name: <u>Rodney Oliver</u>                 | <input checked="" type="checkbox"/> Manager | Name: <u>J. Justin Gardner</u>             |
| <input type="checkbox"/> Member             | Address: <u>64 Danbury Road, Suite 200</u> | <input type="checkbox"/> Member             | Address: <u>64 Danbury Road, Suite 200</u> |
| <input type="checkbox"/> Authorized Person  | <u>Wilton, CT 06470</u>                    | <input type="checkbox"/> Authorized Person  | <u>Wilton, CT 06470</u>                    |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____       |

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

/s/ Anthony Filiato  
 \_\_\_\_\_  
 Signature of an authorized person

Anthony Filiato  
 \_\_\_\_\_  
 Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SIGNAL MANAGEMENT SERVICES, 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 FOURTH DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SIGNAL MANAGEMENT SERVICES, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF OCTOBER, A.D. 2021.

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



6328329 8300

SR# 20213704520

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204597857

Date: 11-04-21