

M22000015481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

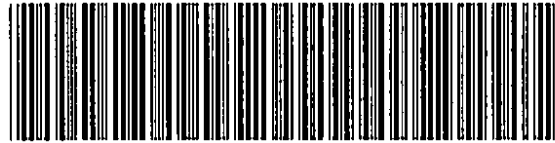
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900394738989

09/27/22--01061--021 **125.00

2022 SEP 27 PM 4:37

S. FRANKLIN

OCT 07 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Col Com Management, LLC

 Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Steven S. Owen

 Name of Person

Traylor Bros., Inc.

 Firm/Company

835 N. Congress Ave.

 Address

Evansville, IN 47715

 City/State and Zip Code

tbiadmin@traylor.com

 E-mail address: (to be used for future annual report notification)

2022 JUN 27 PM 4:57

For further information concerning this matter, please call:

Annette Williams 812 477-1542
 _____ at () _____
 Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:
 Registration Section
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

Street Address:
 Registration Section
 Division of Corporations
 The Centre of Tallahassee
 2415 N. Monroe Street, Suite 810
 Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee
 \$130.00 Filing Fee & Certificate of Status
 \$155.00 Filing Fee & Certified Copy
 \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. Col Com Management, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. DE (Jurisdiction under the law of which foreign limited liability company is organized) 3. (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. 835 N. Congress Ave. (Street Address of Principal Office) Attn: Steve Owen Evansville, IN 47715

6. 835 N. Congress Ave. (Mailing Address) Attn: Steve Owen Evansville, IN 47715

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

Name: NRAI Services, Inc. Office Address: 1200 South Pine Island Road Plantation, Florida 33324 (City) (Zip code)

2522
27 PM 4:27

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.

[Signature] Ass't. Secretary (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]:

Title or Capacity: Name and Address:
 Manager Name: Daniel A. Traylor
 Member Address: 3879 Maple Ave.
 Authorized Suite 300
Person Dallas, TX 75219
 Other Co-Manager Other

Title or Capacity: Name and Address:
 Manager Name: Matt Omundson
 Member Address: 3879 Maple Ave.
 Authorized Suite 300
Person Dallas, TX
 Other Co-Manager Other

Manager Name: Steven S. Owen
 Member Address: 835 N. Congress Ave.
 Authorized
Person Evansville, IN 47715
 Other Other

Manager Name: _____
 Member Address: _____
 Authorized _____
Person _____
 Other Other


Manager Name: _____
 Member Address: _____
 Authorized _____
Person _____
 Other Other

Manager Name: _____
 Member Address: _____
 Authorized _____
Person _____
 Other 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.



Signature of an authorized person

Steven S. Owen

Typed or printed name of signer

2017
27
PM
4:31

Delaware

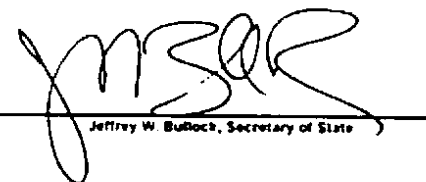
Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COL COM MANAGEMENT, 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 TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2022.

2022 9 21 PM 4:37




Jeffrey W. Bullock, Secretary of State

7044852 8300

SR# 20223581777

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

Authentication: 204463027

Date: 09-22-22