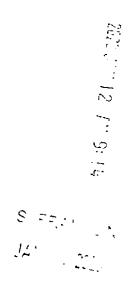
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(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to emailed fr 1/12/23	Filing Officer:

Office Use Only



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#### **COVER LETTER**

	of Corporations	
SUBJECT:	Jordan Telecon	1 LLC Limited Liability Company
	Nume of	Emilied Blacking Company
		pany for Authorization to Transact Business in Florida," Certificate of renced foreign limited liability company to transact business in Florida.
Please return all c	correspondence concerning this matter to the	e following:
	Samuel (	Jim) Jordan  Jame of Person
	Jordan	Telecory
	599 Holl	larid Road Address
	<u>Cataula</u>	Georgia 31804 =
_	1111 fiber ( E-mail address: (to be use	a amail. com d for future annual report notification)
For further inform	nation concerning this matter, please call:	\cdot
	TYACY JOYAAN  Name of Contact Person	at (706) 604-7896  Area Code Daytime Telephone Number
Registr Divisio P.O. Bo	Address: ation Section on of Corporations ox 6327 assee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Picase m	is a check for the following amount: hake check payable to: FLORIDA DEPAR 00 Filing Fee \$\square\$	☐ \$155.00 Filing Fee & S160.00 Filing Fee, Certificate

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

(Name of Foreign Lamit	SS INTHE STATE OF FLORIDA:  [C.   C.   C.   V   L.   C.    ed Liubility Company; must include "Lim		Company," "L.L.C.," or "LLC.")  ternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
Δ	reign limited liability company is organized)		N/A  (FEI number, if applicable)
	Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to dete	to registration.) rmine penalty li	ability)
599 Hollat	1d Road	6	599 Holland Road
<u>Cataula, G</u>	A 31804_	_	Cataula, GA 31804=
<del></del>	Florida registered agent: (P.O. Bo		<u>.</u>
Name:	) & D Fiber Optic	Comi	munications, Inc. =
Office Address:	13945 County.	Road	136 West
	Live Cak-, FL		, Florida <u> </u>
signated in this application, comply with the provisions	red agent and to accept service of I hereby accept the appointment	as register	or the above stated limited liability company at the place ed agent and agree to act in this capacity. I further agr plete performance of my duties, and I am familiar with
_	Ahaun D (Registered agent	UC (Selignature)	

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]: Name and Address: Name and Address: Title or Capacity: Title or Capacity: Name: □Manager X Manager Address: □Member Catanla. ☐ Authorized □ Authorized 31804 Person Person Other\_\_\_\_ Other\_\_\_\_ □Other \_\_ □Other \_\_\_\_\_ Name: Manager Name: □ Manager □Member Address: Address: \_\_\_\_ ☐ Member □ Authorized □ Authorized Person Person □Other\_\_ Other\_\_\_ □Other\_\_\_\_ Other Manager □Manager ☐ Mcmber Address: \_\_\_\_\_ Address: □Member □ Authorized □ Authorized Person Person □Other \_\_ Other\_\_\_\_ Other\_\_\_ □Other\_\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

Control Number: 17103563

## STATE OF GEORGIA

## **Secretary of State**

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

## Jordan Telecom, LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 24250725 Date Inc/Auth/Filed: 09/23/2017 Jurisdiction : Georgia

: 01/12/2023

Form Number : 211

Print Date

7776

Brad Rafforspage

Brad Raffensperger Secretary of State