

1/26/23, 11:27 AM

Division of Corporations

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Email Address: elizabeth.sandkuhler@taittowers.com

2023 JAN 26 PM 2:02

Foreign Limited Liability Company
TAIT TOWERS MANUFACTURING LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,903.75

2023 JAN 26 PM 1:00

Electronic Filing Menu Corporate Filing Menu Help

S. ROBERTS

JAN 27 2023

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. TAIT Towers Manufacturing 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. Delaware 3. 80-0767974 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 12/12/2014 (Date first transacted business in Florida, if prior to registration) (See sections 605.0901 & 605.0905, F.S. in determining penalty liability)

5. 401 W. Lincoln Ave. 401 W. Lincoln Ave. (Street Address of Principal Office) (Mailing Address) Lititz, PA 17543 Lititz, PA 17543

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

Name: C T Corporation System Office Address: 1200 South Pine Island Road Plantation Florida 33324 (City) (Zip code)

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.

By: James Tanks III Assistant Secretary (Registered agent's signature)

2023 JAN 26 PM 2:02

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: Adam D. Davis	<input checked="" type="checkbox"/> Manager	Name: James J. Fairorth
<input type="checkbox"/> Member	Address: 401 W. Lincoln Ave.	<input type="checkbox"/> Member	Address: 401 W. Lincoln Ave.
<input type="checkbox"/> Authorized Person	Lititz, PA 17543	<input type="checkbox"/> Authorized Person	Lititz, PA 17543
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name: Robert C. Rathsam	<input checked="" type="checkbox"/> Manager	Name: Scott M. Marimow
<input type="checkbox"/> Member	Address: 401 W. Lincoln Ave.	<input type="checkbox"/> Member	Address: 50 Kennedy Plaza, 18th Floor
<input type="checkbox"/> Authorized Person	Lititz, PA 17543	<input type="checkbox"/> Authorized Person	Providence RI 02903
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<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.



Signature of an authorized person

Robert C. Rathsam

Typed or printed name of signer

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TAIT TOWERS MANUFACTURING 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 TWENTIETH DAY OF DECEMBER, A.D. 2022.

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



JWB
 Jeffrey W. Bullock, Secretary of State

5066296 8300

SR# 20224321142

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

Authentication: 205143449

Date: 12-20-22