

M220000000138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

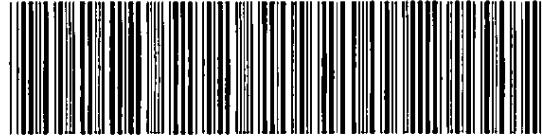
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2022 JAN -3 PM 4:02

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APPROVED

JAN 04 2022

K. Brumbley

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 01/03/22

Acc#120160000072

W: C DW

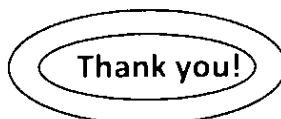
Name:	Hargray of Florida, LLC
Document #:	
Order #:	14074150 - 10

Certified Copy of Arts & Amend:	<input type="checkbox"/>	1-2 Filing Withdrawal 1st - Registration 2nd	
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Ref# _____

Amount: \$ 155.00



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. Hargray of Florida, 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. Georgia
(Jurisdiction under the law of which foreign limited liability company is organized)

3. N/A
(FEI number, if applicable)

4. February 1, 2019
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 856 William Hilton Parkway
(Street Address of Principal Office)

6. 856 William Hilton Parkway
(Mailing Address)

Bldg C, P.O. Box 5986
Hilton Head, SC 29938

Bldg C, P.O. Box 5986
Hilton Head, SC 29938

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)

APPROVED
AND
FILED
2022 JAN -3 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: C T Corporation System
(Registered agent's signature)

Stephanie Hencz
Assistant Secretary

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: Delta Communications, L.L.C.
☒ Member Address: 2 N. Vine Street
☐ Authorized Harrisburg, IL 62946
Person
☐ Other ☐ Other

☐ Manager Name: Michael I. Gottdenker
☐ Member Address: 856 William Hilton Parkway
☐ Authorized Bldg C, P.O. Box 5986
Person Hilton Head, SC 29938
☒ Other Executive Chairman ☐ Other

☐ Manager Name: David H. Armistead
☐ Member Address: 856 William Hilton Parkway
☐ Authorized Bldg C, P.O. Box 5986
Person Hilton Head, SC 29938
☒ Other Chief Executive Officer ☐ Other

Title or Capacity: **Name and Address:**
☐ Manager Name: Nevine White
☐ Member Address: 856 William Hilton Parkway
☐ Authorized Bldg C, P.O. Box 5986
Person Hilton Head, SC 29938
☒ Other Senior Vice President, Finance and Administration ☐ Other

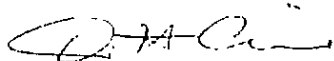
☐ Manager Name: Gwynne Lastinger
☐ Member Address: 856 William Hilton Parkway
☐ Authorized Bldg C, P.O. Box 5986
Person Hilton Head, SC 29938
☒ Other Chief Operating Officer ☐ Other

☐ Manager Name: Andres Tovar
☐ Member Address: 856 William Hilton Parkway
☐ Authorized Bldg C, P.O. Box 5986
Person Hilton Head, SC 29938
☒ Other Senior Vice President, Strategy, Product and Marketing ☐ 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

David H. Armistead

Typed or printed name of signer

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

Hargray of Florida, 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 : 22152664
Date Inc/Auth/Filed: 07/13/2018
Jurisdiction : Georgia
Print Date : 01/03/2022
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State