(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	s
Special Instructions to Filing Officer:	

Office Use Only



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2015 FEB 10 PH 12: 43



FEB 1 9 2015 J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

UBLECT: EdgeConneX Jacksonville Holdings 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:

Candy Fezuk		
Name of Person		
EdgeConneX		
Firm/Company		
2201 Cooperative Way, Suite 200		2015
Address	12 T	- T-
Herndon, VA 20171	14.55 14.55 14.55	0 8
City/State and Zip Code	<u> </u>	- P
cfezuk@edgeconnex.com	100 K	<u>12</u>
E-mail address: (to be used for future annual report notification)	\$3.171	- 1 3

For further information concerning this matter, please call:

Candy Fezuk	571 at (441-1321
Name of Contact Person	Area Code	Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS:
Division of Corporations

Privision of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

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

(Name of Foreign Limited Liability Company; must include "Limited Liab	oility Company," "L.L.C.," or "LLC.")
If name unavailable, enter alternate name adopted for the purpose of transacting businessiability Company," "L.L.C," or "LLC.")	ss in Florida. The alternate name must include "Limited
Delaware 3. 37-17	'68010
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
i1011/14	
(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	o registration.) e penalty liability)
2201 Cooperative Way, Suite 200	N3
Herndon, VA 20171	
(Street Address of Principal Offi	ce)
2201Cooperative Way, Suite 200	The state of the s
Herndon, VA 20171	F SI N I
(Mailing Address)	10A
7. The name, title or capacity and address of the person(s) who ha	s/have authority to manage is/are:
Randall Brouckman, CEO	
Edmund Wilson, COO	
Joseph Harar, CFO	
. Attached is an original certificate of existence, no more than 90 aving custody of records in the jurisdiction under the law of which compared the certificate is in a foreign language, a translation of the submitted)	h it is organized. (A photocopy is not
Harar	
Signature of an authorized 1	person on under the penalties of perjury that the facts stated herein are

Joseph Harar

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

EdgeConne	X Jackson	ville Holdings LLC			
If unavailable, the alt	emate to be used in t	the state of Florida is:			
2. The name and the	Florida street addres	s of the registered agent and office are:			
Co	orporation S	Services Company			
		(Name)		2015	
12	01 Hays St	reet		15 FEB	arres a
	Florida Street A	Address (P.O. Box NOT ACCEPTABLE)	JASSA ARKA	8 1 0	i detak Letrak
Tall	ahassee	32301-2525 FL		PH	1.17
		City/State/Zip	ORINA I	43	A AT
		FL	Y OF STATE - stated limite	PH 12: 43	TRANSPAR

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

(Signature) Michele Henry
Assistant VP

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "EDGECONNEX JACKSONVILLE HOLDINGS,

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 NINTH DAY OF FEBRUARY,

A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EDGECONNEX JACKSONVILLE HOLDINGS, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF OCTOBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5626651 8300

150164835

Jeffrey W Bullock, Secretary of State

AUTHENTICATION: 2104337

DATE: 02-09-15

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