Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023

: (850)205-8842

Phone Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

ail Address:	

Foreign Limited Liability Company Intellifiber Networks, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

M. MILLIGAN **EXAMINER**

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MAY 15 2015

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COVER LETTER

TO: Registration Section Division of Corporation	ns
SUBJECT: Intellifiber Network	s, LLC
	Name of Limited Liability Company
The enclosed "Application by For Existence, and check are submitte	eign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of d to register the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence of	concerning this matter to the following:
CT Corporation	
	Name of Person
	Firm/Company
	Address
	City/State and Zin Code
	, .
<u></u>	E-mail address: (to be used for future annual report notification)
For further information concerning	g this matter, please call:
Nome	f Contact Person Area Code Daytime Telephone Number
мале о	Area Code Daytine Telephone Number
MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations
Registration Section	Registration Section
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the f	ollowing amount:
□ \$125.00 Filing Fee	□ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy



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

FOREIGN LIMITED LIABILITY COMPANY TO TRANSAC	SIATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A TBUSINESS IN THE STATE OF FLORIDA:
1. Intellifiber Networks, LLC	
(Name of Foreign Limited Liability Company; must inc	chide "Limited Liability Company," "L.L.C.," or "LLC ")
If name unavailable, enter alternate name adopted for the purpose of .iability Company," "L.L.C," or "L.L.C.")	transacting business in Florida. The alternate name must include "Limited
2. Virginia	3. 54-1861675
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
1. upon qualification	
(Date first transacted business i (See sections 605.0904 & 605.090	in Floride, if prior to registration.) 5, F.S. to determine penalty liability)
4001 Rodney Parham Road, Little Rock, AR 72212	
(Street Addre	as of Principal Office)
5, 4001 Rodney Parham Road, Little Rock, AR 72212	
(Mai	iling Address)
7. The name, title or capacity and address of the pe	rson(s) who has/have authority to manage is/are:
Anthony W. Thomas, Manager, 4001 Rodney Parham Road, I	Little Rock, AR 72212
John P. Fletcher, Manager, 4001 Rodney Parham Road, Little	Pook AD 72212
John F. Frederic, Francisco, 400 Froming Farman (Cook, Editor	Addition (Parts
naving custody of records in the jurisdiction under the	more than 90 days old, duly authenticated by the official he law of which it is organized. (A photocopy is not , a translation of the certificate under oath of the translator
M 11st	·
In accordance with section 605.0203, F.S., the execution of this document of	An authorized person systitutes as affirmation under the penalties of perjucy that the facts stated herein are true ent of State constitutes a third degree felony as provided for in a \$17 155, F.S.)
John P. Fletcher, Manager	
	ed 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.

If unavailab	le, the alternate to be use	ed in the state of Florida is:		
2. The nam	e and the Florida street a	address of the registered agent and office are:	***************************************	
	C T Corporation System	n	केंद्र ज	
	(Name)			-;
1200 South Pine Island Road		200 Aug -	()	
	Florida S	ireet Address (P.O. Box NOT ACCEPTABLE)		Ę.
	Plantation	FL 33324		
		City/State/Zip	一 質形 5	

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.

By: Jamaulour (Signature)

Samantha Jones, Asst. Secretary, C T Corporation System

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Commonwealth of Birginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Intellifiber Networks, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is January 1, 2015; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

15 MAY 14 PH 1: 50



Signed and Sealed at Richmond on this Date: April 8, 2015

Joel H. Peck, Clerk of the Commission

CISECOM

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