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(Requestor's Name) (Address) (Address)	500281826115		
(City/State/Zip/Phone #)	02/08/1601024009 **125.00		
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED 16 FEB - 8 PH 3: 11 SECRETARY OF STATE TALLAUXSEE, FLORDS		
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TO: Rea	gistrat	ion Se	ection			<b>54</b> ,			
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نې SUBJECT:			ommunicat						
Sebelen					Name of	Limited Liability	y Company		
									ss in Florida," Certificate of transact business in Florida
Please return	n all co	rrespo	ondence co	oncerning this m	atter to the	following:			
	:	Paula	S. Sands						
	_				N	ame of Person			
		Layer	3 Commu	nications, LLC					
					Fi	irm/Company	• ••• ·· ··	57 - B. R. M. F. F. TO TO TO	· · · · · · · · · · · · · · · · · · ·
		1450 (	Oakbrook I	Dr Ste 900					
	-					Address			· · · · · · · ·
	]	Norcro	oss GA 30	093					TSEED B
					City/S	tate and Zip Coo	de		
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For further in	nforma	tion c	concerning	this matter, plea	ase call:				
Pau	ula S. S	Sands				770 at (	225-52	297	العلي العربي. العلي العربي ا
<u></u>			Name of	Contact Person		at ( Area Coo	le Day	ytime Telepho	ne Number
Div Reg P.O	vision o gistrati ). Box	of Corj on Sec 6327	DRESS: porations ction				Division Registrat Clifton E 2661 Exe	<b>T ADDRESS:</b> of Corporatio tion Section Building ecutive Center see, FL 32301	ns Circle
Enclosed is a				ng amount: \$130.00 Filin Certificate of S		□ \$155.00 Fi Certified Cop			Filing Fee, Certificate Certified Copy

#### 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:

### Layer 3 Communications, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

### Layer 3 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	3	
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI number, if applicable)
4.		

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

5. 1450 Oakbrook Dr Ste 900

Norcross GA 30093

(Street Address of Principal Office)

6.	Same as above					
0.				ES.	15	
		(Mailing Address)			FEB	Ţ
7.	Name and street addres	ame and street address of Florida registered agent: (P.O. Box NOT acceptable)			8-	1
	Name:	Kevin Rowe			PH PH	B
	Office Address:	137 Summerfield Drive		STA NESTA	୍କ	
	Ponte Vedra Beach	Florida <sup>32082</sup>	er A			

(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 complywith 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.

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

(City)

Josh Bailey, COO

1450 Oakbrook Dr Ste 900	
--------------------------	--

Norcross GA 30093

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)

Signature of an authorized person

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.

Josh Bailey

Control Number: 0127134

# **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, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

# LAYER 3 COMMUNICATIONS, 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 <u>Title 14</u> of the <u>Official Code of Georgia Annotated</u> and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number Date Inc/Auth/Filed Jurisdiction Print Date Form Number : 12382312 : 06/08/2001 : Georgia : 1/6/2016 : 211



Brian P. Kemp Secretary of State