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CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Date: 02/13/2018

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| Name: | INFRASTRUCTURE COMPANY OF AMERICA, LLC (TN) |
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| Document #: | |
| Order #: | 10837964 |

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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 | Infrastructure | Company | of America, | LLC |
|---|----------------|---------|-------------|-----|
|---|----------------|---------|-------------|-----|

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

| Tennessee | | 3. 62-1721275 | Liability Company," "LL.C," or "LI.C,"} |
|---|--|--|---|
| | tich foreign limited liability company is organized) | 3(FEI m | unber, if applicable) |
| | | | |
| | (Date first transacted business in Florida, if prior to a (See sections 605.0904 & 605.0905, F.S. to determine | registration.) | · |
| 100 N. Conahan Dr. | | 6. | |
| (Street Address of P | rescipal Office) | (Mailing / | بن Address) |
| Hazleton, PA 18201 | | Hazleton, PA 18201 | |
| | | ······································ | |
| | | | |
| Name and street addres | s of Florida registered agent: (P.O. Box | NOT acceptable) | |
| Name: | CT Corporation System | | |
| | 1200 South Pine Island Road | <u>.</u> | 10. 34 |
| Office Address: | 1200 South File Island Road | | i i i i i i i i i i i i i i i i i i i |
| | Plantation, | , Florida <u>33324</u> | (.) |
| | L'infinition, | | Q |
| · · · · · · · · · · · · · · · · · · · | (City) | | o code) |
| egistered agent's accep | (City) | (Zip | |
| aving been named as re | (Cay) stance: registered agent and to accept service of j tion. I hereby accept the appointment a | (Zip process for the above stated limit is registered agent and agree to | ited liability company at the place act in this capacity. I further agree |
| aving been named as re signated in this applica comply with the provisi | (City) orance: rgistered agent and to accept service of p tion, I hereby accept the appointment a ions of all statutes relative to the proper | (Zip process for the above stated limit is registered agent and agree to | ited liability company at the place act in this capacity. I further agree |
| aving been named as re signated in this applica comply with the provisi | (City) stance: poissered agent and to accent service of i | (Zip process for the above stated limits registered agent and agree to and complete performance of i | ited liability company at the place act in this capacity. I further agree my duties, and I am familiar with |
| aving been named as re signated in this applica comply with the provisi | (Cay) stance: rgistered agent and to accept service of f ition, I hereby accept the appointment a ions of all statutes relative to the proper is of my position as registered agent. | (Zip process for the above stated limit is registered agent and agree to and complete performance of i | ited liability company at the place act in this capacity. I further agree my duties, and I am familiar with 'achri tz |
| aving been named as re signated in this applica comply with the provisi | (Cay) stance: rgistered agent and to accept service of f ition, I hereby accept the appointment a ions of all statutes relative to the proper is of my position as registered agent. | (Zip process for the above stated limit is registered agent and agree to and complete performance of i | ited liability company at the place act in this capacity. I further agree my duties, and I am familiar with 'achri tz |
| aving been named as re signated in this applica comply with the provis ad accept the obligation | (Cay) tance: registered agent and to accept service of <i>j</i> tion, <i>I</i> hereby accept the appointment a ions of all statutes relative to the proper is of my position as registered agent. Registered agent's | (Zip process for the above stated limit is registered agent and agree to and complete performance of i Jane Z signature) Asst. S | ited liability company at the place act in this capacity. I further agree my duties, and I am familiar with Lachritz ecretary |
| aving been named as re signated in this applica comply with the provisi ad accept the obligation . The name, title or cap | (Cay) tance: registered agent and to accept service of f tion, I hereby accept the appointment a ions of all statutes relative to the proper is of my position as registered agent. The property of the person (s) who has acity and address of the person(s) who has | (Zip process for the above stated limit is registered agent and agree to and complete performance of i Jane Z signature) Asst. S | ited liability company at the place act in this capacity. I further agree my duties, and I am familiar with Lachritz ecretary |
| aving been named as re- esignated in this applica comply with the provis- nd accept the obligation . The name, title or cap <u>Title or Capacity:</u> | (Cay) trance: registered agent and to accept service of <i>j</i> tion, <i>I</i> hereby accept the appointment a ions of all statutes relative to the proper us of my position as registered agent. Registered agent's acity and address of the person(s) who ha <u>Name and Address</u> : | (Zip process for the above stated limit is registered agent and agree to and complete performance of r Jane Z signature) Asst. So as/have authority to manage is/ar <u>Title or Capacity:</u> | ited liability company at the place act in this capacity. I further agree my duties, and I am familiar with Lachritz ecretary re: |
| aving been named as re signated in this applica comply with the provisi ad accept the obligation . The name, title or cap | (Cay) tance: egistered agent and to accept service of <i>j</i> tion, <i>I</i> hereby accept the appointment a ions of all statutes relative to the proper is of my position as registered agent. <u>AROMALING</u> Registered agent's acity and address of the person(s) who have <u>Name and Address:</u> Mark D. Robinson | (Zip process for the above stated limit is registered agent and agree to and complete performance of i Jane Z signature) Asst. So as/have authority to manage is/ar | ited liability company at the place act in this capacity. I further agree my duties, and I am familiar with Cachritz . ECRETARY re: <u>Name and Address:</u> Gary Edwards <u>100 N. Conahan Dr.</u> |
| aving been named as re signated in this applica comply with the provise d accept the obligation . The name, title or cap <u>Title or Capacity:</u> | (Cay) trance: registered agent and to accept service of <i>j</i> tion, <i>I</i> hereby accept the appointment a ions of all statutes relative to the proper us of my position as registered agent. Registered agent's acity and address of the person(s) who ha <u>Name and Address</u> : | (Zip process for the above stated limit is registered agent and agree to and complete performance of r Jane Z signature) Asst. So as/have authority to manage is/ar <u>Title or Capacity:</u> | ited liability company at the place act in this capacity. I further agree my duties, and I am familiar with Lachritz ecretary re: <u>Name and Address:</u> Gary Edwards |
| aving been named as re esignated in this applica comply with the provisi ad accept the obligation . The name, title or cap <u>Title or Capacity:</u> <u>President/COO</u> | (Cay) trance: registered agent and to accept service of f tion, I hereby accept the appointment a ions of all statutes relative to the proper is of my position as registered agent. ATLO PLATE Registered agent's acity and address of the person(s) who have <u>Name and Address:</u> Mark D. Robinson <u>100 N. Conahan Dr.</u> <u>Hazleton, PA 18201</u> | (Zip process for the above stated limit is registered agent and agree to and complete performance of i Jane Z signature) Asst. So as/have authority to manage is/ar <u>Title or Capacity:</u> Treasurer/Asst. Sec. | ited liability company at the place act in this capacity. I further agree my duties, and I am familiar with Lachritz ecretary re: <u>Name and Address:</u> <u>Gary Edwards</u> <u>100 N. Conahan Dr.</u> <u>Hazleton, PA 18201</u> |
| esignated in this applicate comply with the provision and accept the obligation The name, title or cap <u>Title or Capaelty:</u> | (Cay) trance: registered agent and to accept service of <i>j</i> tion, <i>I</i> hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent. <u>ARC</u> Registered agent's acity and address of the person(s) who ha <u>Name and Address:</u> <u>Mark D. Robinson</u> <u>100 N. Conshan Dr.</u> | (Zip process for the above stated limit is registered agent and agree to and complete performance of r Jane Z signature) Asst. So as/have authority to manage is/ar <u>Title or Capacity:</u> | ited liability company at the place act in this capacity. I further agree my duties, and I am familiar with Cachritz . ECRETARY re: <u>Name and Address:</u> Gary Edwards <u>100 N. Conahan Dr.</u> |

(Use attachments if necessary)

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 Joseph G. Ferguson

Typed or printed name of signer,

Executive Vice President

Howard H. Eley, Jr. 750 Old Hickory Blvd, Bldg 1, Ste. 200 Brentwood, TN 37027



Tre Hargett Secretary of State

CT CORPORATION 2390 E CAMELBACK ROAD PHOENIX, AZ 85016

Division of Business Services Department of State

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

| February | 12, | 2018 |
|----------|-----|------|
|----------|-----|------|

| | ertificate of Existence/Authorization 266435 | Issuance Date: Copies Request | | |
|--------------------|---|----------------------------------|----------|---------------|
| | | | | |
| | Document Receipt | | | |
| Receipt # : 00381 | 12095 | Filing | Fee: | \$20.00 |
| Payment-Credit C | ard - State Payment Center - CC #: 3721562224 | | - | \$20.00 |
| Regarding: | Infrastructure Company of America, LLC | | 201 | ¥se Se |
| Filing Type: | Limited Liability Company - Domestic | Control # : | 341824 - | - 2 -2 |
| Formation/Qualific | cation Date: 12/10/1997 | Date Formed: | 12/10/19 | |
| Status: | Active | Formation Locale: | TENNES | E Tom |
| Duration Term: | Perpetual | Inactive Date: | | |
| Business County: | | | LK N | |
| | CERTIFICATE OF EXIST | ENCE | 0:3 | |

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Infrastructure Company of America, LLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett Secretary of State

Verification #: 026393940

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