

Florida Department of State
Division of Corporations
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To:

Division of Corporations
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From:

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**Foreign Limited Liability Company
Uniti Dark Fiber LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED
2018 MAY -4 PM 4:40
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

FILED
18 MAY -4 PM 12:56
DEPARTMENT OF STATE
TALLAHASSEE, FL

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Help

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. Uniti Dark Fiber LLC
(Name of foreign limited liability company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Delaware 3. 51-0993642
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Date of Registration
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability)

5. 10802 Executive Center Drive 6. _____
(Street Address of Principal Office) (Mailing Address)
Benton Building, Suite 300
Little Rock, AR 72211

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)

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.

James M. Halpin
(Registered Agent's Signature) Assistant Secretary

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

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Kenneth Gunderman 10802 Executive Center Drive Benton Building, Suite 300 Little Rock, AR 72211	Manager	Mark Wallace 10802 Executive Center Drive Benton Building, Suite 300 Little Rock, AR 72211
Manager	Daniel Heard 10802 Executive Center Drive Benton Building, Suite 300 Little Rock, AR 72211		

(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.

Keith Hurvey
(Signature of an authorized person)

Keith Hurvey

Typed or printed name of signer

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UNITI DARK FIBER 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 THIRTEENTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.


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TALLAHASSEE, FLORIDA



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Jeffrey W. Bullock, Secretary of State

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