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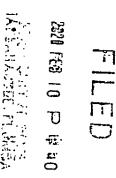
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COVER LETTER

TO:

Registration Section

T:	hern Fibernet Communications LLC		
	Nam	e of Limited Liability Company	
		Company for Authorization to Transact Business in Florida." Coreferenced foreign limited liability company to transact business	
eturn all co	orrespondence concerning this matter t	o the following:	
	T. Bryan Sumner		
_	Name of Person		
:	Southern Fibernet Communications L	LC	
-	Firm/Company		
	55 Marietta St. NW Suite 1000		
=	-	Address	
	Atlanta GA 30303		
_	-	City/State and Zip Code	
cl	aire@southernfibernet.com		
	E-mail address: (to be	e used for future annual report notification)	
ner informa	ation concerning this matter, please ca	II:	
Claire Br	imer	678 701-1123 at ()	
-	Name of Contact Person	at () Area Code Daytime Telephone Number	
Mailing Address:		Street Address:	
-	egistration Section Registration Section		
	vision of Corporations Division of Corporations The Centre of Tallahassee		
		2415 N. Monroe Street, Suite 810	
- ananas	Mee. (), Dad ()	Tallahassee, FL 32303	
	is a check for the following amount:		
Please ma	ike check payable to: FLORIDA DEI		
TI CLIS O	10 Filing Fee 💢 🔲 \$130.00 Filing Fe	e & 🔲 \$155.00 Filing Fee & 🗏 \$160.00 Filing Fee, Ce	

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Southern Fibernet Communications LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.") (If name unavailable, order alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") \$2-0791746 State of Georgia (FEI number, il applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration) (See sections 605 (904 & 605,0905, F.S. to determine penalty liability) 55 Marietta St. NW Suite 1000 4373 Inner Perimeter Road (Street Address of Principal Office) Atlanta, GA 30303 Valdosta, GA 31602 ---7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name:

Registered agent's acceptance:

Office Address:

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. Peter Trawinski

Florida

Assistant Secretary

(Registered agent's signature)

(City F

1200 South Pine Island Road

Plantation

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: T. Bryan Sumner Name: ______ David S. Falkenstein ■Manager ■Manager 8160 Nesbit Ferry Road 65 Springwater Chase □Member Address: □Member Newnan, GA 30265 Atlanta, GA 30350 □ Authorized □ Authorized Person Person □Other____ □Other □ Other □Other Name: _____ ■ Manager □ Manager Name: □Member □ Member Address: Address: □ Authorized □ Authorized Person Person □Other _____ □Other □Other___ □Other □Manager Name: □Manager Name: _____ Address: □Member Address: ☐ Member □ Authorized □ Authorized Person Person □Other_____ □Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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

Typed or printed name of signee

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817,155, F.S.

I. Buyan (

T. Bryan Sumner

Control Number: 16062694

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, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Southern Fibernet 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 Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number : 18518428 Date Inc/Auth/Filed: 07/01/2016 Jurisdiction : Georgia : 02/04/2020 Print Date

: 211 Form Number



Brad Raffensperger

Brad Raffensperger Secretary of State