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TO: Registration Section

Name of Limited Liability Company				
"Application by Foreign Limited Liability d check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate o referenced foreign limited liability company to transact business in Florida			
all correspondence concerning this matter t	o the following:			
Christina R. Velasquez				
	Name of Person			
Kutak Rock LLP				
	Firm/Company			
124 W. Capitol Avenue, Suite 2000				
	Address			
Little Rock, AR 72201				
	City/State and Zip Code			
Kate.Fletcher@Uniti.com				
	e used for future annual report notification)			
ick Alvarez	_{at(} 501)975-3130			
Name of Contact Person	Area Code Daytime Telephone Number			
ling Address: histration Section ision of Corporations . Box 6327 lahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	"Application by Foreign Limited Liability deheck are submitted to register the above all correspondence concerning this matter to Christina R. Velasquez Kutak Rock LLP 124 W. Capitol Avenue, Suite 2000 Little Rock, AR 72201 Chartel Christina R. Velasquez E-mail address: (to be formation concerning this matter, please can be concerned by the context Person ling Address: istration Section ision of Corporations Box 6327			

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: INFORMATION TRANSPORT SOLUTIONS, LLC -(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C," or "LLC.") (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See acctions 605.0904 & 605.0905, F.S. to determine penalty liability) 10802 EXECUTIVE CENTER DRIVE 10802 EXECUTIVE CENTER DRIVE (Street Address of Principal Office) **BENTON BUILDING, SUITE 300** BENTON BUILDING, SUITE 300 LITTLE ROCK, AR 72211 LITTLE ROCK, AR 72211 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee (City) 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.

Charlene Sati , Asst. VP. 05-10-2021

(Registered agent's signature)

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:
■Manager	Name: Kenneth Gunderman	■Manager	Name: Mark Wallace
□Member	Address: 10802 EXECUTIVE CENTER DRIVE	□Member	Address: 10802 EXECUTIVE CENTER DRIVE
■Authorized	BENTON BUILDING, SUITE 300	■ Authorized	BENTON BUILDING, SUITE 300
Person	LITTLE ROCK, AR 72211	Person	LITTLE ROCK, AR 72211
Other	Other	□Other	Other
≣ Manager	Name: Daniel Heard	□Manager	Name:
□Member	Address: 10802 EXECUTIVE CENTER DRIVE	□Member	Address:
■ Authorized	BENTON BUILDING, SUITE 300	□Authorized	
Person	LITTLE ROCK, AR 72211	Person	
□Other	Other	□Other	□Other N N N N N N N N N N N N N N N N N N N
□Manager	Name:	□Manager	Name:
□Member	Address:		Address:
□Authorized		□Authorized	20
Person		Person	
Other	□Other	Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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 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

Daniel Heard

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Information Transport Solutions, LLC was formed in Elmore County, Alabama on May 13, 1998. The Alabama Entity Identification number for this entity is 195-458. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

05/12/2021

Date

X. W. Merill

John H. Merrill

Secretary of State