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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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### COVER LETTER

#### TO: **Registration Section Division of Corporations**

SYMETRY COMMUNICATIONSILC SUBJECT: \_

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ED CORR

Name of Person

METRONET

Firm/Company

8837 BOND STREET

Address

OVERLAND PARK, KS 66214

City/State and Zip Code

### RACHEL.PAOLILLO@METRONETINC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person	Area Code Daytime Telephone Number		
Mailing Address:	Street Address:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		
	Tallahassee, FL 32303		

Please make check payable to: FLORIDA DEPARTMENT OF STATE						
🔳 \$125.00 Filing Fee	□ \$130.00 Filing Fee &		\$155.00 Filing Fee &	🗇 \$160.00 Filing Fee, Certificate		
	Certificate of Status	s	Certified Copy	of Status & 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 LABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

SYMETRY COMMUNICATIONS JLC

name unavailable, enter alternate	name adopted for the purpose of transacting business in Fle	rida. The alternate name must include "I	Limited Liability Company," "L.L.C," or "I
DELAWARE	hich foreign limited liability company is organized)	38-4181359	(FEI number, if applicable)
	nich foreign finnice haofing company is organizee)		(rzi hander, if applicable)
	(Date first transacted business in Florida, if prior to r (See sections 605,0904 & 605,0905, F.S. to determin	egistration ) ie penalty hability )	
3701 COMMUNICATIONS WAY		8837 BOND STREE 6	T
EVANSVILLE, IN 47	715	(Mailing Address) OVERLAND PARK	
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	NATIONAL REGISTERED AGENTS		
Office Address:	1200 SOUTH PINE ISLAND ROAD		E E DAID
	PLANTATION	3332 . Florida	
	(City)	(Zi	ip 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.

(Zip code)

Kimberly Bowens Assistant Secretary (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	DAN KENNEDY Name:	□Manager	Name:
□Member	Address:	□Member	Address:
Authorized	3701 COMMUNICATIONS WAY	Authorized	3701 COMMUNICATIONS WAY
Person	EVANSVILLE, IN 47715	Person	EVANSVILLE, IN 47715
Other	Other	□Other	
□Manager	Name: MIKE WHITAKE	□Manager	Name: LOHN WEBER
□Member	Address:	□Member	Address:
Authorized	3701 COMMUNICATIONS WAY	Authorized	8837 BOND STREET
Person	EVANSVILLE, IN 47715	Person	OVERLAND PARK, KS 66214
Other	Other	Other	Other
□Manager	Name:	⊡Manager	Name: ??
Member	Address:	□Member	Address:
Authorized	\$837 BOND STREET	Authorized	
Person	OVERLAND PARK, KS 66214	Person	
□Other	Other	□Other	

<u>Important Notice:</u> 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.

Con

Signature of an authorized person

ED CORR

Timed as available and a fairman



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SYMETRY COMMUNICATIONS, 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 TWENTY-SIXTH DAY OF JULY, A.D. 2021.



leftray W. Bullock, S

Authentication: 203759576 Date: 07-26-21

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SR# 20212736519 You may verify this certificate online at corp.delaware.gov/authver.shtml

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Page 1



## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 1, 2021

ED CORR METRONET 8837 BOND STREET OVERLAND PARK, KS 66214

SUBJECT: SYMETRY COMMUNICATIONS LLC Ref. Number: W21000095175

We have received your document for SYMETRY COMMUNICATIONS LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Senior Section Administrator

Letter Number: 421A00015158

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