## M2100011666

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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08/17/21--01019--007 \*\*100.00



SEP 03 2021 M. SOLOMON

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

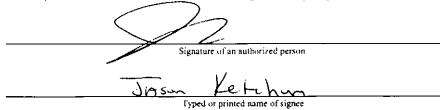
COMPANY TO TRANSACT BU	TION 605.0902, FLORIDA STATUTES, THE FOL SINESS IN THE STATE OF FLORIDA:		ORFIGN LIMITED L	IABILITY
1. FULL CI	RCLE FIBER OPER	RATING LLC		
(Name of Foreign	Limited Liability Company, must member Crimica i	diadility Company. (i.i.e., of thee.)		
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limited Liability C	Company," "L.L.C," or "LL	C.")
2. State of Ourisdiction under the law of w	DELAWARE hich foreign limited liability company is organized)	3. 85 - 199688 C	plicable)	
4.	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine	gistration.}		
4 .	_	: penalty liability)		
5. 14480 - 62 (Street Address of Principal Office)	ND St. N	6. (Mailing Address)		
Suite 10	0			
CLEARWA	ter, FL 33670			
7. Name and street address	s of Florida registered agent: (P.O. Box.)	NOT acceptable)	21 SEP	
			温泉 上	7***
Name:	Jason Ketchum		9F 5 154 9F 5 154	
Office Address:			<b>9: 47</b> BAR NAME	<u>()</u>
	14486 Gard St N. Claritater (City)	. Florida <u>336.70</u> (Zip code)		
designated in this applicate to comply with the provisi	gistered agent and to accept service of pr tion, I hereby accept the appointment as a ons of all statutes relative to the proper a	registered agent and agree to act in this	capacity. I further	r agree
una accept the obligations	s of my position as registered agent.			

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: WAYNE DAVIS	□Manager	Name: THOMAS BARNES
□Member	Address: 14480-62 ND St. N	□Member	Address: 14480-62 ND St, N
Authorized	Suite 100	Authorized	Suite 100
Person	CLEARWATER, FL 33760	Person	CLEARWATER, FL 33760
□Other	Other	□Other	Other
□Manager	Name: BEN ROGERS	□Manager	Name: JASON KEtChum
□Member	Address: 4480-62ND St. N	□Member	Address: 14480-62 ND St. N
Authorized	SkitE 100	Authorized	CLEARWATER, FL 33760
Person	CLEARWATER, FL 33760	Person	
Other	Other	□Other	Other
	Name: Full Circle Fiber Inter-	□Manager	Name:
□Manager	MEDIA	HE. ILO.	ranic.
Member	Address: 1177 AVENUE of THE AMERIC	<b>A</b> S□Member	Address:
□Authorized	45th FLOOR	□Authorized	्र कुट्टी <b>५०</b> €
Person	NEW YORK, NY 10036	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.



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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FULL CIRCLE FIBER OPERATING 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-FOURTH DAY OF AUGUST, A.D. 2021.



Authentication: 203998046

Date: 08-24-21



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 19, 2021

JASON KETCHUM FULL CIRCLE FIBER OPERATING LLC 14480 - 62ND ST. N STE 100 CLEARWATER, FL 33760

SUBJECT: FULL CIRCLE FIBER OPERATING LLC

Ref. Number: W21000114586

We have received your document for FULL CIRCLE FIBER OPERATING LLC and check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$25.00.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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: 421A00019906

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