

m21000017565

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number
(shown below) on the top and bottom of all pages of the document.

((H21000466751 3)))



H210004667513ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

****Enter the email address for this business entity to be used for**
annual report mailings. Enter only one email address please.

Email Address: _____

**Foreign Limited Liability Company
mSix Communications, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

2021 DEC 27 AM 10:16

TALLAHASSEE, FLORIDA

2021 DEC 27 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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. mSix Communications, 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. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3 WTC, 175 Greenwich Street, 11th Fl 6. 3 WTC, 175 Greenwich Street, 11th Fl
(Street Address of Principal Office) (Mailing Address)

New York, NY 10007

New York, NY 10007

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporate Creations Network Inc.

Office Address: 801 US Highway 1

North Palm Beach, Florida 33408
(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.

Carlos M Alvarez, Special Secretary
(Registered agent's signature)

FILED
2021 DEC 27 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>David Graham</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Jonathan Peter Hornby</u>
<input type="checkbox"/> Member	Address: <u>3 WTC, 175 Greenwich Street,</u>	<input type="checkbox"/> Member	Address: <u>3 WTC, 175 Greenwich Street,</u>
<input type="checkbox"/> Authorized	<u>11th Fl</u>	<input type="checkbox"/> Authorized	<u>11th Fl</u>
Person	<u>New York, NY 10007</u>	Person	<u>New York, NY 10007</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Thomas Graziano</u>	 <input checked="" type="checkbox"/> Manager	Name: <u>Adrian Parris</u>
<input type="checkbox"/> Member	Address: <u>3 WTC, 175 Greenwich Street,</u>	<input type="checkbox"/> Member	Address: <u>3 WTC, 175 Greenwich Street,</u>
<input type="checkbox"/> Authorized	<u>11th Fl</u>	<input type="checkbox"/> Authorized	<u>11th</u>
Person	<u>New York, NY 10007</u>	Person	<u>New York, NY 10007</u>
<input checked="" type="checkbox"/> Other <u>Vice President - Tax Operations</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	Name: <u>Joseph Scangamor</u>	 <input checked="" type="checkbox"/> Manager	Name: <u>Paul Stasiulis</u>
<input type="checkbox"/> Member	Address: <u>3 WTC, 175 Greenwich Street,</u>	<input type="checkbox"/> Member	Address: <u>3 WTC, 175 Greenwich Street,</u>
<input type="checkbox"/> Authorized	<u>11th</u>	<input type="checkbox"/> Authorized	<u>11th</u>
Person	<u>New York, NY 10007</u>	Person	<u>New York, NY 10007</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.


12/23/2021 12:13 PM

Signature of an authorized person

Joseph Scangamor, Manager

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MSIX 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-FIRST DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MSIX COMMUNICATIONS, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF MARCH, A.D. 2014.

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



A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock Secretary of State" is printed in a small font.

5502786 8300

SR# 20214174862

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

Authentication: 205047308

Date: 12-21-21