

M22000000218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

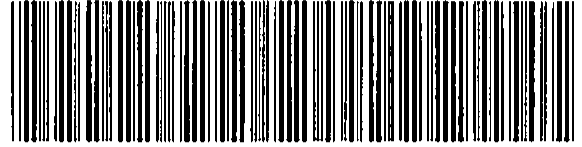
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2022 JAN -4 PM 3:25

APPROVED  
AND  
FILED

2022 JAN -4 PM 2:01

STATE OF NEW YORK  
DEPARTMENT OF TAXATION  
AND FINANCE

JAN 05 2022

K. Brumbley

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 01/04/22

Acc#I20160000072

*mic DW*

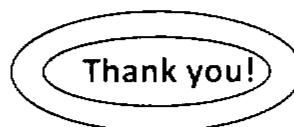
Name:	ExteNet Systems, LLC
Document #:	
Order #:	14025473

Certified Copy of Arts & Amend:	<input type="checkbox"/>	1-2 Filing   Withdrawal 1st - Registration 2nd	
Plain Copy:	<input type="checkbox"/>		
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Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 155.00



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. ExteNet Systems, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(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 "L.L.C.")

2. Delaware 3. 22-3876065  
(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. 3030 Warrenville Rd., Ste 340 6. 3030 Warrenville Rd., Ste 340  
(Street Address of Principal Office) (Mailing Address)

Lisle, IL 60532 Lisle, IL 60532

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

Name: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(City) (Zip code)

APPROVED  
AND  
FILED  
2022 JAN -4 PM 2:01  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

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.

Corporation Service Company

By: Rob Branch

(Registered agent's signature)

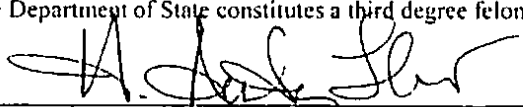
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Odyssey Acquisition, LLC</u>	<input type="checkbox"/> Manager	Name: <u>Rich Coyle</u>
<input checked="" type="checkbox"/> Member	Address: <u>3030 Warrenville Rd</u>	<input type="checkbox"/> Member	Address: <u>3030 Warrenville Rd</u>
<input type="checkbox"/> Authorized	<u>Ste 340</u>	<input type="checkbox"/> Authorized	<u>Ste 340</u>
Person	<u>Lisle, IL 60532</u>	Person	<u>Lisle, IL 60532</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>H. Anthony Lehv</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Marc Ganzi</u>
<input type="checkbox"/> Member	Address: <u>3030 Warrenville Rd</u>	<input type="checkbox"/> Member	Address: <u>3030 Warrenville Rd</u>
<input type="checkbox"/> Authorized	<u>Ste 340</u>	<input type="checkbox"/> Authorized	<u>Ste 340</u>
Person	<u>Lisle, IL 60532</u>	Person	<u>Lisle, IL 60532</u>
<input checked="" type="checkbox"/> Other <u>Sr. Vice President</u>	<input checked="" type="checkbox"/> Other <u>Secretary</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Brian McMullen</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Edward Dunn</u>
<input type="checkbox"/> Member	Address: <u>3030 Warrenville Rd</u>	<input type="checkbox"/> Member	Address: <u>3030 Warrenville Rd</u>
<input type="checkbox"/> Authorized	<u>Ste 340</u>	<input type="checkbox"/> Authorized	<u>Ste 340</u>
Person	<u>Lisle, IL 60532</u>	Person	<u>Lisle, IL 60532</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.

  
 \_\_\_\_\_  
 Signature of an authorized person

H. Anthony Lehv

\_\_\_\_\_  
 Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "EXTENET SYSTEMS, 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 THIRTIETH DAY OF DECEMBER, A.D. 2021.

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



3574949 8300

SR# 20214260642

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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

Jeffrey W. Bullock, Secretary of State

Authentication: 205120711

Date: 12-30-21