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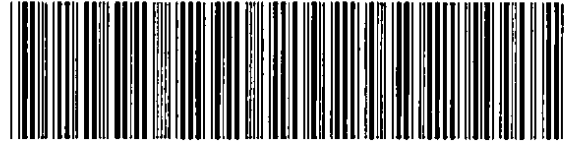
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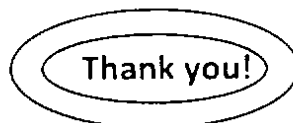
Name:	Hargray of Georgia, LLC
Document #:	
Order #:	14074150 - 3

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 4, 2022

CT

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SUBJECT: HARGRAY OF GEORGIA, LLC
Ref. Number: W22000000513

We have received your document for HARGRAY OF GEORGIA, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

This is rejected because Part 1 was rejected.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 522A00000188

2022 JAN -5 PM 1:04

2022 JAN -5 PM 1:04

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Hargray of Georgia, 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.")

2. South Carolina 3. 57-1123840
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. August 16, 2016
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 856 William Hilton Parkway 6. 856 William Hilton Parkway
(Street Address of Principal Office) (Mailing Address)

Bldg C, P.O. Box 5986

Bldg C, P.O. Box 5986

Hilton Head, SC 29938

Hilton Head, SC 29938

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

By: C T Corporation System Stephanie Hencz **Stephanie Hencz**
(Registered agent's signature) Assistant Secretary

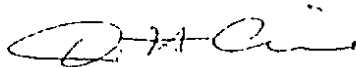
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Delta Communications, L.L.C.</u>	<input type="checkbox"/> Manager	Name: <u>Nevine White</u>
<input checked="" type="checkbox"/> Member	Address: <u>2 N. Vine Street</u>	<input type="checkbox"/> Member	Address: <u>856 William Hilton Parkway</u>
<input type="checkbox"/> Authorized	<u>Harrisburg, IL 62946</u>	<input type="checkbox"/> Authorized	<u>Bldg C, P.O. Box 5986</u>
Person	<u></u>	Person	<u>Hilton Head, SC 29938</u>
<input type="checkbox"/> Other	<u></u>	<input checked="" type="checkbox"/> Other <u>Senior Vice President, Finance and Administration</u>	<input type="checkbox"/> Other <u></u>
<input type="checkbox"/> Manager	Name: <u>Michael I. Gottdenker</u>	<input type="checkbox"/> Manager	Name: <u>Gwynne Lastinger</u>
<input type="checkbox"/> Member	Address: <u>856 William Hilton Parkway</u>	<input type="checkbox"/> Member	Address: <u>856 William Hilton Parkway</u>
<input type="checkbox"/> Authorized	<u>Bldg C, P.O. Box 5986</u>	<input type="checkbox"/> Authorized	<u>Bldg C, P.O. Box 5986</u>
Person	<u>Hilton Head, SC 29938</u>	Person	<u>Hilton Head, SC 29938</u>
<input checked="" type="checkbox"/> Other <u>Executive Chairman</u>	<input type="checkbox"/> Other <u></u>	<input checked="" type="checkbox"/> Other <u>Chief Operating Officer</u>	<input type="checkbox"/> Other <u></u>
<input type="checkbox"/> Manager	Name: <u>David H. Armistead</u>	<input type="checkbox"/> Manager	Name: <u>Andres Tovar</u>
<input type="checkbox"/> Member	Address: <u>856 William Hilton Parkway</u>	<input type="checkbox"/> Member	Address: <u>856 William Hilton Parkway</u>
<input type="checkbox"/> Authorized	<u>Bldg C, P.O. Box 5986</u>	<input type="checkbox"/> Authorized	<u>Bldg C, P.O. Box 5986</u>
Person	<u>Hilton Head, SC 29938</u>	Person	<u>Hilton Head, SC 29938</u>
<input checked="" type="checkbox"/> Other <u>Chief Executive Officer</u>	<input type="checkbox"/> Other <u></u>	<input checked="" type="checkbox"/> Other <u>Senior Vice President, Strategy, Product and Marketing</u>	<input type="checkbox"/> Other <u></u>

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.

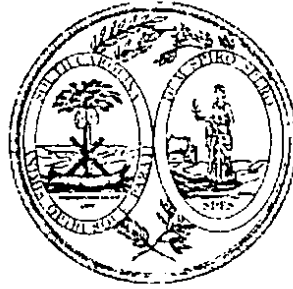


Signature of an authorized person

David H. Armistead

Typed or printed name of signer

The State of South Carolina



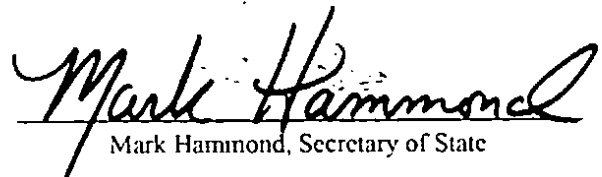
Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

HARGRAY OF GEORGIA, LLC, a limited liability company duly organized under the laws of the State of South Carolina on May 16th, 2001, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 23rd day
of December, 2021.


Mark Hammond, Secretary of State