

3/17/22, 4:06 PM

Division of Corporations

M22000006097

Florida Department of State
Division of Corporations
Electronic Filings Cover Sheet

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(((H220001010673)))



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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

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

Email Address: _____

**Foreign Limited Liability Company
APC Towers IV, LLC**

PLEASE HONOR THE
ORIGINAL FILING DATE
OF 3/17/22, THANKS!

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

2022 APR 19 PM 1:29

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Corporate Filing Menu

Help

S. ROBERTS

MAR 17 2022

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. APC Towers IV, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name not available, 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. Delaware 3. 88-1024652
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 8601 Six Forks Rd., Ste. 250, Raleigh, NC 27615 6. 8601 Six Forks Rd., Ste. 250, Raleigh, NC 27615
(Street Address or Principal Office) (Mailing Address)

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 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 Bernadette Baker, Bernadette Baker, Asst. Sec.
(Registered agent's signature)

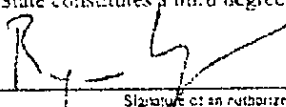
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>R. Howard Mandel</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Ryan D. Lepene</u>
<input type="checkbox"/> Member	Address: <u>57 E. Washington Street</u>	<input type="checkbox"/> Member	Address: <u>57 E. Washington Street</u>
<input type="checkbox"/> Authorized	<u>Chagrin Falls, OH 44022</u>	<input type="checkbox"/> Authorized	<u>Chagrin Falls, OH 44022</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	Name: <u>John Gillette</u>	 <input checked="" type="checkbox"/> Manager	Name: <u>Danny Agresta</u>
<input type="checkbox"/> Member	Address: <u>57 E. Washington Street</u>	<input type="checkbox"/> Member	Address: <u>8601 Six Forks Rd., Ste. 250</u>
<input type="checkbox"/> Authorized	<u>Chagrin Falls, OH 44022</u>	<input type="checkbox"/> Authorized	<u>Raleigh, NC 27615</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	Name: <u>Mark Cravens</u>	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>8601 Six Forks Rd., Ste. 250</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Raleigh, NC 27615</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<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

Ryan D. Lepene

 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 "APC TOWERS IV, 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 SIXTEENTH DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "APC TOWERS IV, LLC" WAS FORMED ON THE THIRD DAY OF MARCH, A.D. 2022.

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



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.

6650861 8300

SR# 20221029785

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

Authentication: 202928707

Date: 03-16-22