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S. FRANKLIN

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CT CORP

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

Date: 11/02/2022

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| Name: | Metronet | Infrastructure Group, LL0 | |
| Document #: | | | |
| Order #: | 14616868 | } | |
| Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of | | | 7.2. 3.7.7 |
| Apostille/Notarial Certification: | | Country of Destination: Number of Certs: | T: #: |
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Thank you!

COVER LETTER

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| nin me | | t Infrastructure Group, LLC | |
|-----------------------|--|--|-------------------------------|
| SUBJEC | T:Name | e of Limited Liability Company | _ |
| he enclo Existence | sed "Application by Foreign Limited Liability 6, and check are submitted to register the above 1 | Company for Authorization to Transact Business in Florida referenced foreign limited liability company to transact bus | ," Certificat iness in Flo |
| lease ret | urn all correspondence concerning this matter to | o the following: | |
| | RACHEL PAOLILLO | | |
| | | Name of Person | _ |
| | MetroNet Inc. | | |
| | | Firm/Company | _ |
| | 8837 Bond Street | | |
| | | Address | _ |
| | Wilmington, Delaware 19801 | | |
| | | ity/State and Zip Code | - C.S. |
| | RACHEL.PAOLILLO@METRONET. | | |
| | E-mail address: (to be | used for future annual report notification) | ر نن |
| or furthe | er information concerning this matter, please ca | 11: | - - |
| | M. Gabriella Boria | 212 373-3748 at () | |
| - | Name of Contact Person | Area Code Daytime Telephone Number | - 'D |
| | Mailing Address: | Street Address: | |
| | Registration Section | | |
| | Division of Corporations | Division of Corporations | |
| | P.O. Box 6327 | The Centre of Tallahassee | |
| ĺ | Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | |
| ī | Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEF \$125.00 Filing Fee \$\sum \text{S130.00 Filing Fe}\$ Certificate of | e & 📃 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee | |

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

IN COMPLIANCE WITH SECTION (05:00)2, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| Delaware Thursdiction under the law of which foreign himself liability company." "L. C." or "I Chairsdiction under the law of which foreign himself liability company is organized) (Date first transacted histoness in Florida, if prior to registration.) (See sections 605 0901 A. 605 0903; F.S. to determine penalty liability.) 8837 Bond St., Overland Park, Kansas 66214 (Inter Address of Principal Office) (CT Corporation System Name: 1200 South Pine Island Road Office Address: Plantation (City) Registered agent's acceptance: | (Name of Foreign) | Limited Liability Company, must include "Limited | I Liability Company," "L.1, C.," or "LLC") | |
|--|-------------------------------------|--|---|----------------------------|
| Component Comp | name unavailable, enter alternate n | ame adopted for the purpose of transacting business in Fl | orida. The alternate name must include "Limited Liability | Company," "L.L.C." or "LLC |
| Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CT Corporation System Name: 1200 South Pine Island Road 1200 South Pin | | | , | |
| Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CT Corporation System Name: 1200 South Pine Island Road | (Jurisdiction under the law of wh | aich foreign limited liability company is organized) | (FEI number, if | applicable) |
| Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CT Corporation System Name: 1200 South Pine Island Road | | | | |
| Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CT Corporation System Name: 1200 South Pine Island Road Office Address: Plantation (City) (Vashing Address) (Vashing Address) (Vashing Address) (Vashing Address) (Vashing Address) (Vashing Address) | | (Date first transacted business in Florida, if prior to (See sections 605 0901 & 605 0905, F.S. to determine | registration) ne penalty liability) | - ;-; |
| Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CT Corporation System Name: 1200 South Pine Island Road Office Address: Plantation (City) 33324 (Zipcode) | 8837 Bond St., Over | land Park, Kansas 66214 | | k, Kansas 66214 |
| Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CT Corporation System Name: 1200 South Pine Island Road Office Address: Plantation (City) 33324 (Zipcode) | et Address of Principal Office) | | (Mailing Address) | . |
| Name: CT Corporation System 1200 South Pine Island Road Office Address: Plantation (City) (City) 33324 (Zip code) | | | | |
| Name: CT Corporation System 1200 South Pine Island Road Office Address: Plantation (City) (City) 33324 (Zip code) | | | | |
| Name: CT Corporation System 1200 South Pine Island Road Office Address: Plantation (City) 33324 (Zip code) | | | | |
| Name: CT Corporation System 1200 South Pine Island Road Office Address: Plantation (City) (City) 33324 (Zip code) | | | | · · · · · |
| Name: CT Corporation System 1200 South Pine Island Road Office Address: Plantation (City) (City) 33324 (Zip code) | Name and street addres | s of Florida registered agent: (P.O. Rox | NOT acceptable) | · - |
| Name: 1200 South Pine Island Road Office Address: Plantation (City) 33324 (Zip code) | Time in greet indirect | | | |
| Office Address: Plantation (City) 1200 South Pine Island Road (City) 33324 (City) (City) (City) | Namo | CT Corporation System | | |
| Office Address: Plantation (City) 33324 (City) (City) (City) | Name. | | | |
| (City) , Florida (Zip code) | Office Address: | 1200 South Pine Island Road | | |
| (Cuy) (Zip code) | | Plantation | | |
| gistered agent's acceptance: | | (Cuy) | | _ |
| | egistered agent's accep | tance: | | |
| iving been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I furth | iving been named as re | gistered agent and to accept service of p | process for the above stated limited liab | ility company at the p |
| comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familia | | ons of all statutes relative to the proper of my position as registered agent. | ana complete performance of my dutte | s, ana 1 um jaminar |

(Registered agent's signature)

| | Title or Capacity: | | Name and Address |
|--|--|--------------------|-------------------|
| Name: MetroNet Subsidiary Holdings, U.C. | □Manager | Name: | |
| Address: | □Member | Address: | |
| Overland Park, Kansas 66214 | □Authorized | | |
| | Person | | |
| Other | □Other | | □Other |
| Name: | □Manager | Name: | |
| Address: | □Member | Address: | |
| | □Authorized | | |
| | Person | | |
| Other | Other | | Other |
| | | | دی |
| Name: | □Manager | Name: | - |
| Address: | □Member | Address: | |
| | □Authorized | | |
| - 1 · · · · · · · | Person | | |
| Other | □Other | | □Other |
| | Address: 8837 Bond St. Overland Park, Kansas 66214 Other Name: Other Name: Address: | Address: Member | Member Address: |

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

/s/ M. Gabriella Boria Signature of an authorized person

> M. Gabriella Boria Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "METRONET INFRASTRUCTURE GROUP, 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 SECOND DAY OF NOVEMBER, A.D. 2022.

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

-3 P. S. 10



Authentication: 204760626

Date: 11-02-22

6849354 8300 SR# 20223919820