12/7/22, 11:26 AM

To:

Division of Corporations



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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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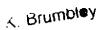
## Foreign Limited Liability Company Arcadia Infrastructure I LLC

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

IN COMPLIANCE WITH SECTION (05,002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	n Limited Unability Company; must include "Limited			
(il naire unavailable, enter alternate	name adopted for the purpose of transacting business in Flor	ida. The alternate name nost include "Limited La	zbility Company," "L.I. C," or "LLC.")	
DE				
(Jurisdiction water the law of v	which longin laused liability company is organized)	3. (PEU numb	er, if applicable)	
9/1/22				
· .	(Date that namested harmers in Florida, if prior to re (See sections 605,0004 & MIS 0005, F.S. to determine	pstration.) penalty liability)	<u></u>	
101 Main Street 5.		101 Main Street		
(Street Address of Principal Office)		6. (Mailing Address)		
Suite 300		Suite 300		
Milford, OH 45150		Milford, OH 45150	2	
7. Name and street addres	ss of Florida registered agent: (P.O. Box 1	NOT acceptable)	F1 022 DEC -	: - - ~:
Name:	C T Corporation System		AR CO	3
Office Address:	1200 South Pine Island Road		1.	΄,
	Plantation	33324 Florida	36	
	(City)	(Zip code)	<del></del>	
Registered agent's acception of the second acception of the second acceptation acceptation of the second acceptation of the second acceptation acceptation of the second acceptation	gistered agent and to accept service of pro- tion, I hereby accept the appointment as r	etistered avent and oaws to get in	e this amountary I divert an are	le
o comply with the provisi	of my position as registered agent.  C T Corporation Systems		<b>,,</b>	

Ta:

12122023573

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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<b>⊠</b> Manager	Name: Scott Billups	<b>©</b> Manager	Name: Sam Johnston
□Meinber	Address: 101 Main Street	UMember	Address: 101 Main Street
☑ Authorized	Suite 300	□Authorized	Suite 300
Person	Milford, OH 45150	Person	Milford, OH 45150
□Other	Other	□Other	Other
	Name:	□Manager	Name: Billy Patterson
□Member	Address: 101 Main Street	□Member	Address: 190 S High Street
□Authorized	Suite 300	☑Authorized	Suite 212
Person	Milford, OH 45150	Person	Columbus, OH 43215
□Other	Other	□Other	
[]Manager	Name:	□Manager	Name:
□Mcmber	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	□Other	L10ther	[]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.

\lambda \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	roll Billian	
U	Sign frure of an authorized person	<del></del>
J. Scott Billups	Authorized person	
	Funed or printed name of signer	

To:



Page 1

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

DELAWARE, DO HEREBY CERTIFY "ARCADIA INFRASTRUCTURE I 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-EIGHTH DAY OF OCTOBER, A.D. 2022.

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

at Corp.delaware.gov/au

Authentication: 204733372

Date: 10-28-22