

1/27/23, 1:02 PM

Division of Corporations

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Florida Department of State
Division of Corporations
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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: michael.sok@legrand.com

**Foreign Limited Liability Company
APPROVED NETWORKS LLC**

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

Help

S. ROBERTS

JAN 30 2023

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

IN COMPLIANCE WITH SECTION 605.092, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. APPROVED NETWORKS LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLP")

(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 "LLP.")

2. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

27-2515413

3. (EIN number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration;
see sections 605.0901 & 605.0905, F.S., to determine penalty liability)

5. 71 LAKEFIELD RD, STE. A

(Street Address of Principal Office)

6. C/O LNA TAX DEPT. 60 WOODLAWN ST.

(Mailing Address)

WESTLAKE VILLAGE, CA

WEST HARTFORD, CT

91361

06110

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

(City)

Florida

33324

(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
(Registered agent's signature)

by Ryan McLaughlin,
Assistant Secretary

2023 JAN 27 AM 11:38

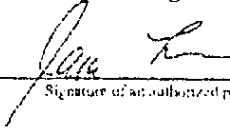
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<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: YRIEX ROULLAC	<input type="checkbox"/> Manager	Name: BRIAN DIBELLA
<input type="checkbox"/> Member	Address: 60 WOODLAWN ST	<input type="checkbox"/> Member	Address: 60 WOODLAWN ST
<input type="checkbox"/> Authorized	WEST HARTFORD, CT	<input checked="" type="checkbox"/> Authorized	WEST HARTFORD, CT
Person	06110	Person	06110
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other President	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name: JOHN SELLDORFF	<input type="checkbox"/> Manager	Name: STEVE SCHNEIDER
<input type="checkbox"/> Member	Address: 60 WOODLAWN ST	<input type="checkbox"/> Member	Address: 60 WOODLAWN ST
<input type="checkbox"/> Authorized	WEST HARTFORD, CT	<input checked="" type="checkbox"/> Authorized	WEST HARTFORD, CT
Person	06110	Person	06110
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other Vice President	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: JAMES LAPERRIERE	<input type="checkbox"/> Manager	Name: MIKE PAVANO
<input type="checkbox"/> Member	Address: 60 WOODLAWN ST	<input type="checkbox"/> Member	Address: 60 WOODLAWN ST
<input checked="" type="checkbox"/> Authorized	WEST HARTFORD, CT	<input checked="" type="checkbox"/> Authorized	WEST HARTFORD, CT
Person	06110	Person	06110
<input checked="" type="checkbox"/> Other Treasurer	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other Secretary	<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
 JAMES LAPERRIERE
 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 "APPROVED NETWORKS 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-SIXTH DAY OF JANUARY, A.D. 2023.

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



7839011 8300

SR# 20230273271

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

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

Authentication: 202584757

Date: 01-26-23