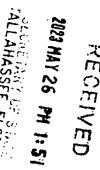
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PARKER COMMUNICATIONS, LLC

TYPE OF FILING: APPLICATION

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

SUBJECT:	RKER COMMUNICATIONS, LLC		
	Nam	e of Limited Liability Company	
The enclosed "A Existence, and c	pplication by Foreign Limited Liability heck are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Florida.	
Please return all	correspondence concerning this matter t	to the following:	
	Linda A. McLean		
		Name of Person	
	Hancock Estabrook, LLP		
		Firm/Company	
	100 Madison Street, 1800 AXA Towe	r l	
		Address	
	Syracuse, New York 13202		
		City/State and Zip Code	
	jparker@parkercomm.com		
	E-mail address: (to be	e used for future annual report notification)	
For further infor	mation concerning this matter, please ca	III:	
Linda !	McLean	315 565-4722 at ()	
	Name of Contact Person	Area Code Daytime Telephone Number	
Mailing Address: Registration Section		Street Address: Registration Section	
P.O. Box 6327 The Centre of Tallahassee			
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		,	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

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

IN COMPLEMON WITH SECTION 605,0902, FLORIDA STATUTES, THE FULLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LUBRISTY

Participal First Description of Florida registered agent: (P.O. Box NOT acceptable)

Participal Florida registered agent: (P.O. Box NOT acceptable)

Participal Florida registered agent: (P.O. Box NOT acceptable)

Participal Florida registered agent: (P.O. Box NOT acceptable)

Registered agent's acceptance:

Office Address:

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.

155 Office Plaza Drive, 1st Floor

Dely Muse, His Secretary, Percalary knows por at ex

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]: Name and Address: Name and Address: Title or Capacity: Title or Capacity: Name: Christian Parker Joshua Parker ■ Manager ■ Manager 705A Sloan Street Address: 2591 County Route 21 □Member Address: □ Member Taylor, Texas 76574 Canton, New York 13617 □ Authorized □ Authorized Person Person Other____ □Other_____ Other □Other Name: □Manager Name: □Manager □ Member Address: □Member Address: ☐ Authorized □ Authorized Person Person Other____ □Other____ Other____ Other____ Name: □Manager □Manager Name: _____ ☐ Member Address: ☐Member Address: □ Authorized □ Authorized Person Person Other Other_ □Other_____ Other_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

Typed or printed name of signer

Joshua Parker

Page 1



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

DELAWARE, DO HEREBY CERTIFY "PARKER COMMUNICATIONS, 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-FOURTH DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PARKER COMMUNICATIONS, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF APRIL, A.D. 2021.

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

at corp delaware gov/auth

Authentication: 203416098

Date: 05-24-23