

M23000007742

Ronnie Camp 8004323622 06/14/23 11:34 AM Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000213945 3)))



H230002139453ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

RECEIVED

2023 JUN 14 AM 11:31
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

1 Address: _____

Foreign Limited Liability Company
KYNE COMMUNICATIONS, LLC

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

FILED
2023 JUN 14 AM 11:39
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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. **KYNE COMMUNICATIONS, LLC**

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

(If name unavailable, 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**

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

3. **20-4004717**

(FBI number, if applicable)

4. **6/12/2023**

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

5. **800 TOWNSHIP LINE RD, SUITE 300**

(Street Address of Principal Office)

6. **800 TOWNSHIP LINE RD, SUITE 300**

(Mailing Address)

YARDLEY, PA 19067

YARDLEY, PA 19067

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **Capitol Corporate Services, Inc.**

Office Address: **515 East Park Avenue 2nd Fl**

Tallahassee, Florida **32301**

(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.

Shawna L. Smith

(Registered agent's signature)

Shawna L. Smith, Asst. Secretary on behalf
of Capitol Corporate Services, Inc.

FILED
2023 JUN 14 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H23000213945 3

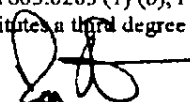
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>HUNTSWORTH HEALTH NORTH AMERICA LLC</u>	<input type="checkbox"/> Manager	Name: <u>IAN STEVENS</u>
<input checked="" type="checkbox"/> Member	Address: <u>800 TOWNSHIP LINE RD</u>	<input type="checkbox"/> Member	Address: <u>300 VESEY ST, 10TH FLOOR</u>
<input type="checkbox"/> Authorized	<u>SUITE 300</u>	<input checked="" type="checkbox"/> Authorized	<u>NEW YORK, NY 10282</u>
Person	<u>YARDLEY, PA 19067</u>	Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
 <input checked="" type="checkbox"/> Manager	Name: <u>MARTIN MORROW</u>	 <input checked="" type="checkbox"/> Manager	Name: <u>PAUL TAAFFE</u>
<input type="checkbox"/> Member	Address: <u>800 TOWNSHIP LINE RD</u>	<input type="checkbox"/> Member	Address: <u>300 VESEY ST, 10TH FLOOR</u>
<input type="checkbox"/> Authorized	<u>SUITE 300</u>	<input type="checkbox"/> Authorized	<u>NEW YORK, NY 10282</u>
Person	<u>YARDLEY, PA 19067</u>	Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
 <input checked="" type="checkbox"/> Manager	Name: <u>REID CONNOLLY</u>	 <input checked="" type="checkbox"/> Manager	Name: <u>NEIL JONES</u>
<input type="checkbox"/> Member	Address: <u>800 TOWNSHIP LINE RD</u>	<input type="checkbox"/> Member	Address: <u>800 TOWNSHIP LINE RD</u>
<input type="checkbox"/> Authorized	<u>SUITE 300</u>	<input type="checkbox"/> Authorized	<u>SUITE 300</u>
Person	<u>YARDLEY, PA 19067</u>	Person	<u>YARDLEY, PA 19067</u>
<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

IAN STEVENS

Typed or printed name of signer

H23000213945 3

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KYNE 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 THIRTEENTH DAY OF JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KYNE COMMUNICATIONS, LLC" WAS FORMED ON THE SIXTEENTH DAY OF MAY, A.D. 2019.

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



7422845 8300

SR# 20232749418

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: 203542574

Date: 06-13-23