

8/29/23, 3:51 PM

Division of Corporations

# M23000011306

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: hhutchens@miami-corp.com

## Foreign Limited Liability Company Cypress Fiber LLC

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

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**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. Cypress Fiber LLC  
 (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

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

3. (If none, write "N/A")

4. (Did not transact business in Florida, or prior to registration,  
 (See sections 602.0804 & 605.0905, F.S. to determine penalty for late))

5. 3450 Old Dawson Ranch Road  
 (Street Address of Principal Office)

6. PO BOX 70  
 (Mailing Address)

Edgewater, FL 32132  
 Edgewater, FL 32132

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, Florida 33324  
 (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.*

*Denise Bell*

(Registered agent's signature)

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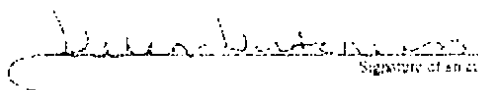
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

| <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: Robert J. Venable                | <input checked="" type="checkbox"/> Manager | Name: David C. Fuechtman               |
| <input type="checkbox"/> Member                | Address: 410 N. Michigan Ave Suite 590 | <input type="checkbox"/> Member             | Address: 410 N. Michigan Ave Suite 590 |
| <input type="checkbox"/> Authorized            | Chicago, IL 60611                      | <input type="checkbox"/> Authorized         | Chicago, IL 60611                      |
| Person                                         |                                        | Person                                      |                                        |
| <input type="checkbox"/> Other                 | <input type="checkbox"/> Other         | <input type="checkbox"/> Other              | <input type="checkbox"/> Other         |
| <input type="checkbox"/> Manager               | Name: Helen B. Hutchens                | <input type="checkbox"/> Manager            | Name:                                  |
| <input type="checkbox"/> Member                | Address: 410 N. Michigan Ave Suite 590 | <input type="checkbox"/> Member             | Address:                               |
| <input checked="" type="checkbox"/> Authorized | Chicago, IL 60611                      | <input type="checkbox"/> Authorized         |                                        |
| Person                                         |                                        | Person                                      |                                        |
| <input type="checkbox"/> Other                 | <input type="checkbox"/> Other         | <input type="checkbox"/> Other              | <input type="checkbox"/> Other         |
| <input type="checkbox"/> Manager               | Name:                                  | <input type="checkbox"/> Manager            | Name:                                  |
| <input type="checkbox"/> Member                | Address:                               | <input type="checkbox"/> Member             | Address:                               |
| <input type="checkbox"/> Authorized            |                                        | <input type="checkbox"/> Authorized         |                                        |
| Person                                         |                                        | Person                                      |                                        |
| <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

Helen B. Hutchens  
 Typed or printed name of officer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CYPRESS FIBER 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 FOURTEENTH DAY OF AUGUST, A.D. 2023.

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



7619685 8300

SR# 20233237055

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)  
\_\_\_\_\_  
Jeffrey W. Bullock, Secretary of State

Authentication: 203954601

Date: 08-14-23