

H23000012743

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: Kimberly.Calcasola@harmonitowers.com

**Foreign Limited Liability Company
HARMONI TOWERS ASSETCO LLC**

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

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2023 OCT -3 PM 2:27

FLORIDA
DIVISION OF CORPORATIONS
STATE

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2023 OCT -3 PM 4:50

FILED

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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

(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 "L.L.C.")

2. Delaware 3. 93-2440803
(Jurisdiction under the law of which foreign limited liability company is organized) (LLC number, if applicable)

4. Upon Qualification
(Date first transacted business in Florida, if prior to registration. (See sections 605.0064 & 605.0093, F.S., to determine penalty liability.)

5. 6210 Ardrey Kell Road 6. Same
(Street Address of Principal Office) (Mailing Address)

Suite 450

Charlotte, NC 28277

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.

C T Corporation System

By: SEAN L. EMERICK, ASSISTANT SECRETARY

(Registered agent's signature)

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TALLAHASSEE, FL

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>
☒ Manager	Name <u>Yannis Macheras</u>	☐ Manager	Name _____
☐ Member	Address: <u>6210 Ardrey Kell Road</u>	☐ Member	Address: _____
☐ Authorized	<u>Suite 450</u>	☐ Authorized	_____
Person	<u>Charlotte, NC 28277</u>	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
 ☒ Manager	 Name <u>Jack Barry</u>	 ☐ Manager	 Name _____
☐ Member	Address: <u>6210 Ardrey Kell Road</u>	☐ Member	Address: _____
☐ Authorized	<u>Suite 450</u>	☐ Authorized	_____
Person	<u>Charlotte, NC 28277</u>	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
 ☒ Manager	 Name <u>Bill Davison</u>	 ☐ Manager	 Name _____
☐ Member	Address: <u>6210 Ardrey Kell Road</u>	☐ Member	Address: _____
☐ Authorized	<u>Suite 450</u>	☐ Authorized	_____
Person	<u>Charlotte, NC 28277</u>	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. 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

Mark Holloway

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 "HARMONI TOWERS ASSETCO, 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 AUGUST, A.D. 2023.

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



7543163 8300

SR# 20233336830

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

Jeffrey W. Bullock, Secretary of State

Authentication: 204034373

Date: 08-24-23