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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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TO: R	egistration Section vivision of Corporations					
SHRJECT	ATN International Telecom Group, LLC					
3003201	Namo	e of Limited Liability Company				
The enclos Existence,	sed "Application by Foreign Limited Liability C and check are submitted to register the above r	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.				
Please retu	rn all correspondence concerning this matter to	o the following:				
	Paula Anzalone					
		Name of Person				
	ATN International Telecom Group, LLC					
	Firm/Company					
	500 Cummings Center, Suite 250					
	Address					
	Beverly, MA 01915					
	Ci	ity/State and Zip Code				
	panzalone@atni.com					
	E-mail address: (to be	used for future annual report notification)				
For further	information concerning this matter, please eaf	1:				
P	aula Anzalone	978 619-1309 at ()				
	Name of Contact Person	at () Area Code Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations		Street Address: Registration Section Division of Corporations				
	.O. Box 6327	The Centre of Tallahassee				
1	allahassee, FL 32314	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING & SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ATN International Tele	ecom Group, LLC						
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability Comp	any," "L.L.C.,	" or "LLC.")			_
(If name unavailable, enter alternate i	name adopted for the purpose of transacting business in F	lorida. The alternate	name inust incl	ude "Limited Liab	oility Company,"	' "L.Ł.C,"	or "LLC."
Delaware 2	hich foreign limited liability company is organized)	3		(FEI number			
The second section and the second second	men soleign minice habiting company is organized)			(iriti number	, и аррикаонс)		
4	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.))				
500 Cummings Center 5. [Street Address of Principal Office]				s) · -			
Beverly, MA 01915							
					<u>.</u>	2023	
7. Name and street addres	s of Florida registered agent: (P.O. Bo)	NOT accept	able)		AL AND	OCT 17	mine or other party of the part
Name:	Legalinc Coporate Services Inc.		_		SSEE.	AM 11: 56	
Office Address:	476 Riverside Ave.		_		TAK	95	
	Jacksonville		_, Florida_	32202			
	(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.

Erik Treutlein, President on behalf of

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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:		
□Manager	Name: Atlantic Tele-Network, LLC	□Manager	Name: Mary Mabey		
■Member	Address: 500 Cummings Center	□Member	Address: 500 Cummings Center, Suite 24		
□Authorized	Suite 2450. Beverly, MA 01915	■ Authorized	Beverly, MA 01915		
Person		Person			
Other		■Other Secretary	Other		
□Manager	Damian Blackburn Name:	□Manager	Name:		
□Member	Address: 500 Cummings Center, Sutic 24	□Member	Address:		
■Authorized	Beverly, MA 01915	□Authorized			
Person		Person			
■Other	Other	□Other	Other		
□Manager	Name:	□Manager	Name:		
□Member	Address: 500 Cummings Center, Suite 24	□Member	Address:		
■Authorized	Beverly, MA 01915	□Authorized			
Person		Person			
President Other	Other	□Other	□Other		

<u>Important Notice:</u> 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.

1	X	2			
Mary Mat	bey	, Secretar	\hat{O}	Signature of an authorized person	_
				Typed or printed name of signee	

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ATN INTERNATIONAL TELECOM GROUP, 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-FIFTH DAY OF SEPTEMBER, A.D.

2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ATN

INTERNATIONAL TELECOM GROUP, LLC" WAS FORMED ON THE SIXTEENTH DAY

OF AUGUST, A.D. 2023.

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

Authentication: 204230578

Date: 09-25-23

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