M240000000424

	(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:				

Office Use Only



RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195 REFERENCE : AUTHORIZATION : COST LIMIT : \$ 125.00					
ORDER DATE :					
ORDER TIME : 1:57 PM					
ORDER NO. : -015					
CUSTOMER NO:					
FOREIGN FILINGS					
NAME: UNITI FIBER BRIDGE BORROWER LLC					
XXXX QUALIFICATION (TYPE: <u>LL</u>)					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING					
CONTACT PERSON: Eyliena Baker EXT#					

EXAMINER:

COVER LETTER

Uniti Fiber Bridge Borrower LLC UBJECT:			
	of Limited Liability Company		
ne enclosed "Application by Foreign Limited Liability C xistence, 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		
ease return all correspondence concerning this matter to	the following:		
Cody Lorge			
	Name of Person		
Uniti Fiber Bridge Borrower LLC			
	Firm/Company		
2101 Riverfront Dr., Ste A			
	Address		
Little Rock, AR 72202			
C	ity/State and Zip Code		
carina.dunlap@cscglobal.com			
E-mail address: (10 be	used for future annual report notification)		
or further information concerning this matter, please cal	l:		
Cody Lorge	501 214-7216		
Name of Contact Person	Area Code Daytime Telephone Number		
Mailing Address:	Street Address:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations The Centre of Tallahassee		
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810			
rananassee, 14, 32314	Tallahassee, FL 32303		
Enclosed is a check for the following amount:			
Please make check payable to: FLORIDA DEP			
□ \$125.00 Filing Fee □ \$130.00 Filing Fee Certificate o			

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

IN COMPLANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA: Uniti Fiber Bridge Borrower 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,") Delaware (I'El number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration) (See sections 605,0004 & 605,0005, F.S. to determine penalty liability) 2101 Riverfront Dr., Ste A 2101 Riverfront Dr., Ste A 5. (Street Address of Principal Office) (Mailing Address) Little Rock, AR 72202 Little Rock, AR 72202 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: 32301 Tallahassee . Florida (City) 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. Corporation Service Company By:

(Registered agent's signature)

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: Kenneth Gunderman	■Manager	Name: Daniel Heard
□Member	Address: 2101 Riverfront Dr., Ste A	□Member	Address: 2101 Riverfront Dr., Ste A
□Authorized	Little Rock, AR 72202	□Authorized	Little Rock, AR 72202
Person		Person	
□Other	Other	□Other	
□Manager	Name:	□Manager	Name:
⊡Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other		□Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□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.

Signature of an authorized person

Daniel Heard (EVP – General Counsel and Secretary)

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "UNITI FIBER BRIDGE BORROWER 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 TWELFTH DAY OF JANUARY, A.D. 2024.

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

Authentication: 202581685

Date: 01-12-24