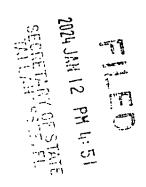
M24000000425

(Requestor's Name)
(Address)
(r datess)
(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



400421829604





CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE :
AUTHORIZATION: Correct Sear
COST LIMIT : \$ 125.00
ORDER DATE :
ORDER TIME : 1:58 PM
ORDER NO. : -040
CUSTOMER NO:
FOREIGN FILINGS
NAME: UNITI FIBER GULFCO 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

TO:

Registration Section

UBJECT:	Uniti Fiber GulfCo LLC	COLOR TO THE LEVEL OF THE COLOR
	Name	e of Limited Liability Company
he enclosed xistence, ar	d "Application by Foreign Limited Liability (and check are submitted to register the above i	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida
ease returr	n all correspondence concerning this matter to	o the following:
	Cody Lorge	
		Name of Person
	Uniti Fiber GulfCo LLC	
		Firm/Company
	2101 Riverfront Dr., Ste A	
		Address
	Little Rock, AR 72202	
	C	City/State and Zip Code
	carina.dunlap@cscglobal.com	
	E-mail address: (to be	e used for future annual report notification)
or further i	information concerning this matter, please ca	П:
Co	ody Lorge	501 214-7216
	Name of Contact Person	Area Code Daytime Telephone Number
	ailing Address: egistration Section	Street Address: Registration Section
	vision of Corporations	Division of Corporations
	O. Box 6327	The Centre of Tallahassee
Та	llahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Ple	closed is a check for the following amount: tase make check payable to: FLORIDA DEF \$125.00 Filing Fee \$130.00 Filing Fe Certificate of	ee & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate

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

(Name of Foreign L	imited Liability Company, must include "Limited	nability Company," "L.L.C.," or "LLC")	
iame unavailable, enter alternate nai	me adopted for the purpose of transacting business in Fl	da. The alternate name must include "Lumited Liability Company," "L	"I, C," or "Ll C,")
Delaware			
(Jurisdiction under the law of whi	ch foreign limited liability company is organized)	5. (FEI number, if applicable)	
· 			
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determi	istration) penalty liability)	
2101 Riverfront Dr., S	te A	2101 Riverfront Dr., Ste A	
eet Address of Principal Office)		6. (Mailing Address)	•
Little Rock, AR 72202		Little Rock, AR 72202	
			<u> </u>
Name and street address	of Florida registered agent: (P.O. Box	NOT acceptable)	12 PH 1
	of Florida registered agent: (P.O. Box Corporation Service Company	NOT acceptable)	12 PH 1: 51
		NOT acceptable)	12 PH 1: 51
Name: Office Address:	Corporation Service Company	32301	12 PH 1: 51
Name: Office Address:	Corporation Service Company 1201 Hays Street		12 PH 1: 51

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: Name: Daniel Heard Kenneth Gunderman ■Manager ■Manager 2101 Riverfront Dr., Ste A 2101 Riverfront Dr., Ste A □Member □ Member Little Rock, AR 72202 Little Rock, AR 72202 □ Authorized □ Authorized Person Person □Other == □Other____ □Other □Other □Manager Name: _____ □Manager Name: ■ Member Address: ____ □Member Address: □ Authorized \square Authorized Person Person □Other___ □Other □Other □Other____ □ Manager Name: _____ □Manager Address: □Member Address: ☐ Member □ Authorized □ Authorized Person Person □Other □Other □Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Daniel Heard (EVP – General Counsel and Secretary)

Typed or printed name of signee

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "UNITI FIBER GULFCO 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 SAID "UNITI FIBER GULFCO-LLC"-WAS-FORMED-ON-THE-NINTH-DAY-OF-JANUARY, A:D:-2024-

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



Authentication: 202581677

Date: 01-12-24

2911427 8300 SR# 20240106100