

# M2400000/403

Florida Department of State  
Division of Corporations  
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Division of Corporations  
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From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
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: legal@korewireless.com

**Foreign Limited Liability Company  
INTEGRON LLC**

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

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K. SALY

FEB - 6 2024

# 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. Integron 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.")

2. Delaware 3. 84-3636404  
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN number, if applicable)

4. Upon Filing  
(Date first transacted business in Florida (if prior to registration))  
(See sections 605.0901 & 605.0905, F.S., to determine penalty liability)

5. 3 Ravinia Drive NE 6. 3 Ravinia Drive NE  
(Street Address of Principal Office) (Mailing Address)

Suite 500 Suite 500

Atlanta, GA 30346 Atlanta, GA 30346

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: Natalie Pickens, assist secretary

(Registered agent's signature)

*Natalie Pickens*

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers of the organization (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: Romil Bahl	<input checked="" type="checkbox"/> Manager	Name: Paul Holtz
<input type="checkbox"/> Member	Address: 3 Ravinia Drive NE	<input type="checkbox"/> Member	Address: 3 Ravinia Drive NE
<input type="checkbox"/> Authorized	Suite 500	<input type="checkbox"/> Authorized	Suite 500
Person	Atlanta, GA 30346	Person	Atlanta, GA 30346
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name: Jack Kennedy	<input checked="" type="checkbox"/> Manager	Name: Tushar Sachdev
<input type="checkbox"/> Member	Address: 3 Ravinia Drive NE	<input type="checkbox"/> Member	Address: 3 Ravinia Drive NE
<input type="checkbox"/> Authorized	Suite 500	<input type="checkbox"/> Authorized	Suite 500
Person	Atlanta, GA 30346	Person	Atlanta, GA 30346
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name: Bryan Lubel	<input checked="" type="checkbox"/> Manager	Name: Louise Winstone
<input type="checkbox"/> Member	Address: 3 Ravinia Drive NE	<input type="checkbox"/> Member	Address: 3 Ravinia Drive NE
<input type="checkbox"/> Authorized	Suite 500	<input type="checkbox"/> Authorized	Suite 500
Person	Atlanta, GA 30346	Person	Atlanta, GA 30346
<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.

/s/ Romil Bahl

Signature of an authorized person

Romil Bahl, Manager

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 "INTEGRON 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 NINETEENTH DAY OF JANUARY, A.D. 2024.

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


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Jeffrey W. Bullock, Secretary of State

Authentication: 202624868

Date: 01-19-24