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To:

Division of Corporations

Fax Number : (850)617-6383

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-notices@iplightwave.com

Foreign Limited Liability Company IPLIGHTWAVE LLC

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

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

2024-03-11 11:54:24 PDT

IN COMPLIANCE WITH SECTION 605,0002, FLORIDM NEATUREN THE FOLLOWING IS SURVITTED TO REGISTER A FOREX EN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDAY **IPLIGHTWAVE LLC** (Name of Foreign Fimited Liability Company; must include "Fimited Liability Company" "L.L.C.," or "H.C. (f) name unavailable, enter alternate name adopted for the purpose of loansacting business or Florida. Or calternate name most include "Lunited Liability Company," "E. L. C. or "E. or Delaware 99-1524384 clurisdiction under the law of which fereign limited dability company is organized? (El Lumber, (l'applicable) (Date first translated bisoless in bland) of professing the ion ( (See sections 905-6964 & (05-0905) P.S. to determine penalty hability) 80 S 8th St Ste 900 80 S 8th St Ste 900 5. (Street Address of Principal Office) Minneapolis, MN 55402 Minneapolis, MN 55402 7 Name and street address of Florida registered agent (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address 33324 Plantation , 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.

By: Can due Prication System

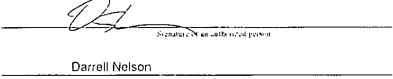
(Registered agent's signature)

8.	For initial indexing purposes,	list names, title o	capacity and	addresses	of the primary	members/managers or	persons authorized to	,
m:	mage lan to six (5) totall							

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:	
⊠Manager	Name: Darrell Nelson	∐Manager	Name.		
□Member	Address	□Member	Address		
□Authorized	Minneapolis, MN 55402	☐ Authorized			
Person		Person			
□Other		□Other		□Other	
□Manager	Name:	□ Manager	Name		
□Member	Address:	∃Member	Address		
□Authorized		$\square$ Authorized	<u></u>		
Person		Person			
□Other		Cthes		⊒Other	
⊒Manager	Name:	□ Manager	Name:		
□Member	Address:	□Member	Address:		
□Authorized		□ Authorized			
Person		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.





2024-03-11 11.54:24 PDT

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

DELAWARE, DO HEREBY CERTIFY "IPLIGHTWAVE 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 SIXTH DAY OF MARCH, A.D. 2024.

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

at corp.delaware.gov/auth

Authentication: 202957471

Date: 03-06-24