

H24000007450

Division of Corporations
Florida Department of State
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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: trudyanne.mcleary@brightspeed.com

Foreign Limited Liability Company
Brightspeed Management, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 JUN 11 PM 4:05

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Brightspeed Management, 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. Kansas 48-1142936
(Jurisdiction under the law of which foreign limited liability company is organized) (FID number, if applicable)

4. Upon Filing
(Date first transacted business in Florida; if prior to registration)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 1120 S. Tryon Street
(Street Address of Principal Office)
Suite 700
Charlotte, NC 28203

6. 1120 S. Tryon Street
(Mailing Address)
Suite 700
Charlotte, NC 28203

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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 33324
(City), Florida (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: SEAN L EMERICK, ASSISTANT SECRETARY
(Registered agent's signature)

DocuSign Envelope ID: 36084A7E-4D50-48FC-B2A9-200694471F1E

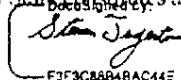
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Steven Tugentman	<input checked="" type="checkbox"/> Manager	Name: Monty Garrett
<input type="checkbox"/> Member	Address: 1120 S. Tryon Street	<input type="checkbox"/> Member	Address: 1120 S. Tryon Street
<input type="checkbox"/> Authorized	Suite 700	<input type="checkbox"/> Authorized	Suite 700
Person	Charlotte, NC 28203	Person	Charlotte, NC 28203
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Brightspeed of Kansas, LLC	<input type="checkbox"/> Manager	Name: Brightspeed of Eastern Kansas, LLC
<input checked="" type="checkbox"/> Member	Address: 1120 S. Tryon Street	<input checked="" type="checkbox"/> Member	Address: 1120 S. Tryon Street
<input type="checkbox"/> Authorized	Suite 700	<input type="checkbox"/> Authorized	Suite 700
Person	Charlotte, NC 28203	Person	Charlotte, NC 28203
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<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.


F3F3C8804BAC44E

Signature of an authorized person

STEVEN TUGENTMAN, MANAGER

Typed or printed name of signer

STATE OF KANSAS
OFFICE OF SECRETARY OF STATE
CERTIFICATE OF GOOD STANDING

I, SCOTT SCHWAB, Kansas Secretary of State, certify that the records of this office reveal the following:

Business ID: 2115061

Business Name: BRIGHTSPEED MANAGEMENT, LLC

Type: Domestic Limited Liability Company

Jurisdiction: Kansas

was filed in this office on December 02, 1993, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof:
I affix my official certification seal.
Done at the City of Topeka,
on this day June 05, 2024.

SCOTT SCHWAB
KANSAS SECRETARY OF STATE