

M24000012032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

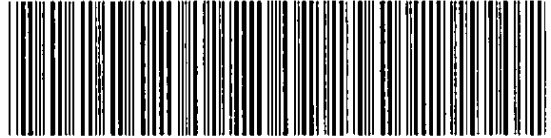
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2024 SEP 18 PM 12:09

2024 SEP 18 PM 3:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

SEP 18 2024  
Brumbley

KB



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations  
From: Shauna Godbolt  
Ext: x61563  
Date: 09/18/24  
Order #: 1626858-3  
Re: NextCity Networks Telecom, LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

A handwritten signature in black ink, appearing to read 'Shauna Godbolt', is written over the 'TO WHOM IT MAY CONCERN:' line.

Enclosed please find:

Application for Certificate of Authority  
Amount to be deducted from our State Account: \$125.0 - FL State Account Number:  
I20000000195

Please take the following action:

File in your office on basis  
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NextCity Networks Telecom, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

**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. NextCity Networks Telecom, 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

(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_

(File number, if applicable)

4. \_\_\_\_\_

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

Attn: Corp Gov

5. \_\_\_\_\_  
(Street Address of Principal Office)

700 Universe Blvd., LAW/JB

Juno Beach, FL 33408

Attn: Corp Gov

6. \_\_\_\_\_  
(Mailing Address)

700 Universe Blvd., LAW/JB

Juno Beach, FL 33408

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Corporation Service Company

Office Address:

1201 Hays Street

Tallahassee

(City)

, Florida

32301

(Zip code)

2024 SEP 18 PM 12:09

**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:

Shauna Godbolt

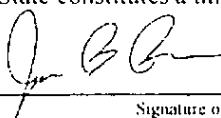
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u>                      |          | <u>Name and Address:</u>        |  | <u>Title or Capacity:</u>           |          | <u>Name and Address:</u>       |  |
|--|----------|---------------------------------|--|-------------------------------------|----------|--------------------------------|--|
| <input type="checkbox"/> Manager               | Name:    | NextCity Networks Holdings, LLC |  | <input type="checkbox"/> Manager    | Name:    |                                |  |
| <input checked="" type="checkbox"/> Member     | Address: | 700 Universe Blvd., LAW/JB      |  | <input type="checkbox"/> Member     | Address: |                                |  |
| <input type="checkbox"/> Authorized            |          | Juno Beach, FL 33408            |  | <input type="checkbox"/> Authorized |          |                                |  |
| Person   |          |                                 |  | Person                              |          |                                |  |
| <input type="checkbox"/> Other                 |          | <input type="checkbox"/> Other  |  | <input type="checkbox"/> Other      |          | <input type="checkbox"/> Other |  |
|  |          |                                 |  |                                     |          |                                |  |
| <input type="checkbox"/> Manager               | Name:    | Jason B. Pear                   |  | <input type="checkbox"/> Manager    | Name:    |                                |  |
| <input type="checkbox"/> Member                | Address: | 700 Universe Blvd., LAW/JB      |  | <input type="checkbox"/> Member     | Address: |                                |  |
| <input checked="" type="checkbox"/> Authorized |          | Juno Beach, FL 33408            |  | <input type="checkbox"/> Authorized |          |                                |  |
| Person   |          |                                 |  | Person                              |          |                                |  |
| <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.

  
\_\_\_\_\_  
Signature of an authorized person

Jason B. Pear, Authorized Person  
\_\_\_\_\_  
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 "NEXTCITY NETWORKS TELECOM, 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 SEVENTEENTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NEXTCITY NETWORKS TELECOM, LLC" WAS FORMED ON THE FIFTH DAY OF SEPTEMBER, A.D. 2024.

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



4971411 8300

SR# 20243711739

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204413708

Date: 09-17-24