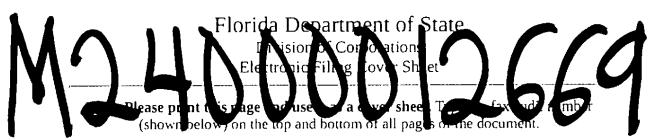
Division of Corporations



(((H24000334708 3)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

. Email Address:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future ാ്മ്സ്സ് report mailings. Enter only one email address please.**

Foreign Limited Liability Company Communication Square LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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Help

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10/3/2024 08:18:37 PDT + To. 18506176383 Page: 2/4 Fax: 8134365206

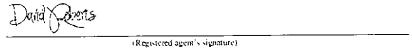
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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:

Communication Square					
(Name of Foreign	Limited Liability Company; must include "Limite	rd Liabilit	y Company, "L.L.C.," or "ELC.")		
(II name unavailable, enter alternate r	name adopted for the purpose of transacting business in F	Ionda, The	alternate name must include "Limited Liabilit	y Company," "LL C."	or "LLC.")
2. Wyoming		3.	35-2536011		
(Jurisdiction under the law of w	hich foreign lumifed liability company is organized)		(FEI number, if	applicable)	
4		. constant	A. A. C.		
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905; E.S. to determ	one penalty	chability)		
30 N Gould St		6	30 N Gould St	3¢	3 3
5. (Street Address of Principal Office)		V.	(Mailing Address)		5 ' - 7'}
Ste 20333			Ste 20333		
Sheridan Wyoming 82801			Sheridan Wyoming 82801	10	
7. Name and street address	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u>	acceptable)	STATE	
Name:	Registered Agents Inc				
Office Address:	7901 4th St N STE 300				
	St. Petersburg		, Florida 33702		
	(Cry)		(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.



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:	<u>N</u>	iame and Address:
□Manager	Name:	□Manager	Name:	
⊠Member	Address: 30 N Could St Ste 20333	□Member	Address:	
□Authorized	Sheridan Wyoming 82801	□Authorized		
Person		Person		
Other	Other	□ Other		Other
□Manager	Name:	□Manager	Name:	-
□Member	Address:	□Member	Address:	7074 OC , [
□Authorized		□Authorized		CI 4
Person		Person	<i>\displays</i>	
□Other	Other	□ Other		Other E O
⊔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.

<i>b</i> 1	4
11/1-12/2011	<i>11-1/1/1</i>
	Signature/of an authorized person
	•
Robin Jones	
	Exped or printed name of signer

STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

Communication Square LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on April 28, 2015, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2015-000685748.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 2nd day of October, 2024 at 11:43 AM. This certificate is assigned ID Number 076840830.

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.