

P220000003808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

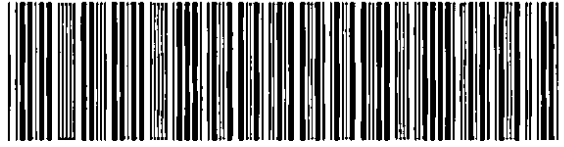
(Business Entity Name)

(Document Number)

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

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Office Use Only



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2022 JAN 19 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

2022 JAN 19 AM 11:41  
TALLAHASSEE, FLORIDA

1/20/22

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 416373 4321551

AUTHORIZATION :

COST LIMIT : \$ 70.00



ORDER DATE : January 19, 2022

ORDER TIME : 10:54 AM

ORDER NO. : 416373-005

CUSTOMER NO: 4321551

DOMESTIC FILING

NAME: SPLICEGROUP (USA) INC.

EFFECTIVE DATE:

☒ ARTICLES OF INCORPORATION  
☐ CERTIFICATE OF LIMITED PARTNERSHIP  
☐ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Elyliena Baker - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** Splicegroup (USA) Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Michael E. Zeller

\_\_\_\_\_  
Name (Printed or typed)

100 North Tryon Street, Suite 4700

\_\_\_\_\_  
Address

Charlotte, North Carolina 28202-4003

\_\_\_\_\_  
City, State & Zip

704-331-1064

\_\_\_\_\_  
Daytime Telephone number

mikezeller@mvalaw.com

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

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Splicegroup (USA) Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3801 PGA Blvd, Suite 604  
Palm Beach Gardens, FL 33410

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: fiber optic cable racks and installation

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TALLAHASSEE, FL

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**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: David B. Woodhead, Director & CEO

Address: 3801 PGA Blvd, Suite 604  
Palm Beach Gardens, FL 33410

Name and Title: Michael E. Zeller, Asst. Secretary

Address: 100 N. Tryon Street, Suite 4700  
Charlotte, NC 28202-4003

Name and Title: Andrew Varley

Address: 3801 PGA Blvd, Suite 604  
Palm Beach Gardens, FL 33410

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Corporation Service Company  
Address: 1201 Hays Street  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Michael E. Zeller  
Address: 100 North Tryon Street, Suite 4700  
Charlotte, North Carolina 28202-4003

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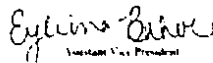
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

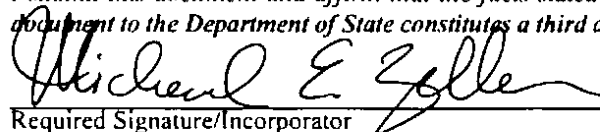
  
Evelyn B. Davis  
Assistant Vice President

Required Signature/Registered Agent

01/19/2022

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

  
Michael E. Zeller

Required Signature/Incorporator

1/18/2022

Date