

PAUL D. PATE
Secretary of State
State of Iowa

**LIMITED LIABILITY COMPANY
 APPLICATION FOR
 CERTIFICATE OF AUTHORITY**

TO THE SECRETARY OF STATE OF THE STATE OF IOWA:

Pursuant to section 802 of the *Iowa Revised Uniform Limited Liability Company Act*, the undersigned applies for a certificate of authority to transact business in Iowa and hereby states:

1. The name of the limited liability company: LTD Broadband LLC
- 1A. The name the limited liability company will use in Iowa, if different than the legal name of the company named above:

(Refer to note #6 on the back of this form)

2. The limited liability company is formed under the laws of the state (or foreign country) of:

Nevada

- 2A. If a protected series, the legal name of the series limited liability company of which it is a protected series:

3. The duration of the limited liability company is: perpetual

4. Date of formation is: 10/31/2011

5. The street and mailing address of its registered office in Iowa and the name of its registered agent at that office:

InCorp Services, Inc

Name

400 Locust Street, Suite 400

Address

Des Moines, IA 50309-3723

City

State

Zip

The registered office and registered agent comply with the requirements of section 489.113.*

- 5A. If a protected series, and the series limited liability company has other protected series, the name, street, and mailing address of a person who knows the information listed in note #5A:

Name

Address

City

State

Zip

6. The street address of its principal office:

69 Teahouse Street

Address

Las Vegas, NV 89138

City

State

Zip

7. (A) This foreign limited liability company is governed by an operating agreement that establishes or provides for the establishment of designated series of transferable interests having separate rights, powers, or duties with respect to specified property or obligations of the foreign limited liability company, or profits and losses associated with the specified property or obligations. ☐ YES ☒ NO

(B) All debts, liabilities, and obligations incurred, contracted for, or otherwise existing with respect to a particular series, if any, are enforceable against the assets of such series only, and not against the assets of the foreign limited liability company generally. ☒ YES ☐ NO

8. Indicate if the limited liability company is a member-managed or manager-managed limited liability company by marking the appropriate box. State the name, street and mailing address of one member/manager.

Member Managed ☐ OR Manager Managed ☒

Corey Hauer

Name

69 Teahouse Street, Las Vegas, NV 89138

Address

City

State

Zip

9. The effective date and time of this application, if different than the date and time of filing (Refer to note #5 on instruction page)

Date 1/27/2021 Time 10:43 a.m.

10. **A certificate of existence or a record of similar import, signed by the secretary of state or other official having custody of the company's publicly filed report in the state or other jurisdiction under whose law the company is formed, accompanies this application.**

Signature

Corey Hauer

Date

1/27/2021

Type or print name and title Corey Hauer, CEO

NOTES:

1. The filing fee is \$100.00. Make checks payable to SECRETARY OF STATE.
2. A certificate of existence or a record of similar import, duly authenticated within 90 days prior to the date of this application, by the secretary of state or other official having custody of the company's publicly filed records in the state or other jurisdiction under whose law the company is formed, must accompany this application. If this application is for a protected series of a series limited liability company or the equivalent, and the state of formation of the protected series does not provide for the issuance of certificates of existence or similar for protected series, a certificate of existence or similar for the series limited liability company of which the protected series is a protected series must accompany this application.
3. The application is to be signed by a person authorized by the company.
4. One copy of the application is to be delivered to the secretary of state for filing.
5. The effective time and date of the application is the **later** of the following:
 - a. the time of filing on the date it is filed;
 - b. the time specified in the application on the date it is filed.
 - c. the time & date specified in the application, not later than 90 days after the date it is filed.
- 5A. If this application is for a protected series, and the series limited liability company has other foreign protected series, complete item 5A with the name, street, and mailing address of **one individual** who knows the name, street, and mailing address of **all** of the following:
 - a. Each other foreign protected series of the series limited liability company.
 - b. The foreign protected series manager of and agent for service of process for each other foreign protected series of the foreign series limited liability company.
6. If the name of the limited liability company does not satisfy the requirements of section 108 and, if it is a protected series, section 14202 of the Iowa Revised Uniform Limited Company Act, the limited liability company may do either of the following in applying for a certificate of authority:
 - a. add either "limited liability company" or "limited company" or the abbreviation "L. L. C.", "LLC", "L. C.", or "LC". "Limited" may be abbreviated as "Ltd.", and "company" may be abbreviated as "Co.". If a protected series, also add "protected series" or the abbreviation "P. S." or "PS".
 - b. use a fictitious name to transact business in Iowa if the limited liability company's real name is unavailable and the limited liability company delivers to the secretary of state for filing a copy of the resolution of its members if it is member-managed or its managers if it is manager-managed, adopting the fictitious name.
7. The information you provide will be open to public inspection under Iowa Code chapter 22.11.

SECRETARY OF STATE

Business Services Division
 Lucas Building, 1st Floor
 Des Moines, IA 50319

Phone: (515) 281-5204

Fax: (515) 242-5953

Website: sos.iowa.gov

