

## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1312782.06

Fee Receipt: \$90.00

mmoore ADD

Michael G. Adams Kentucky Secretary of State Received and Filed: 10/3/2023 2:46 PM

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Authority (Foreign Business Entity)			FBE		
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow		or authority to transact	business in Kentuck	y on behalf of the er	ntity named belo	
1. The entity is a: profit corporation business true limited partners non-profit lice	st Ilmited liability ership Itd cooperativ  professional s	company	professional statutory tru	I limited liability com list	pany	
2. The name of the entity is Harmoni (The	Towers AssetCo II LLC name must be identical to the name o	n record with the Sec	retary of State.)			
3. The name of the entity to be used in	Kentucky is (if applicable):	ride if "real name" is		; otherwise, leave I	olank.)	
4. The state or country under whose law	v the entity is organized is Delaware					
5. The date of organization is <u>07/18/26</u>	023a	nd the period of duration	on is		i,	
6. The mailing address of the entity's pr	incipal office is		(If leπ blank, dura	ition is considered	perpetual.)	
6210 Ardrey Kell Road, Suite 450		Charlotte	NC	28277		
Street Address		City	State	Zip Code		
7. The street address of the entity's reg	1000100 100 100 100 100 100 100 100 100					
306 W. Main Street, Suite 512		Frankfort	KY	40601		
Street Address (No P.O. Box Number	· · ·	City	S	State 2	Zip Code	
and the name of the registered agent at	that office is C 1 Corporation System	1			·	
8. The names and business addresses	of the entity's representatives (secretary	, officers and directors	managers, trustees	or general partners	):	
Yannis Macheras, Manager	6210 Ardrey Kell Road, Suite 450	Charlotte	NC	28277		
Name	Street or P.O. Box	City	State	Zip Code		
Jack Barry, Manager	6210 Ardrey Kell Road, Suite 450	Charlotte	NC	28277		
Name	Street or P.O. Box	City	State	Zip Code		
Bill Davison, Manager	6210 Ardrey Kell Road, Suite 450	Charlotte	NC NC	28277		
Name	Street or P.O. Box	City	State	Zip Code		
9. If a professional service corporation, and treasurer are licensed in one or mor statement of purposes of the corporation	e states or territories of the United State					
10. I certify that, as of the date of filing the	nis application, the above-named entity v	ralidly exists under the	laws of the jurisdiction	on of its formation.		
11. If a limited partnership, it elects to be	e a limited liability limited partnership. C	heck the box if applica	ble:			
12. If a limited liability company, check	box if manager-managed: 🏻 🔀					
13. This application will be effective upo	n filing. Upon Filing					
Colon Da O.	MARK	HOLLOWAY, ME	EMBER 0	9/11/2023		
Signature of Authorized Representative	7	Printed Name & Title		Date		
I, C T Corporation System Type/Print Name of Registered Agent	, conse	, consent to serve as the registered agent on behalf of the business entity.				
D. C. P. Carrier A.	CEANIL EVER	ICV A	CCICTANT CECE	DETADV	0/11/2022	
Signature of Registered Agent	SEAN L. EMER Printed Name		SSISTANT SECR		9/11/2023 Date	

## POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT Parallel Infrastructure and the direct or indirect owner of the subsidiary entities shown on Schedule A attached hereto, does hereby appoint as attorneys-in-fact for the "Appointees", those individuals who are officers and/or employees of C T Corporation System ("CT") or its agents, (but only for so long as such individuals remain officers and/or employees of CT or an affiliate thereof), to act for the Appointees and in the Appointee's name for the limited purposes authorized herein

The limited liability company and the subsidiary entities listed, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to register the limited liability company in any state, as directed and authorized by the limited liability company.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, the Appointees shall exercise the power of Vice President, Secretary, Manager, and/or Member.

This Power of Attorney expires when revoked by the undersigned

**IN WITNESS WHEREOF** the undersigned has executed this Power of Attorney on this 08/22/23.

Parallel Infrastructure Holdings, LLC,

A Delaware Limited Liability Company

Name:

State of North Carolina County of Mecklenburg

On 08/22/23 before me, the undersigned, a Notary Public in and for said State, personally appeared personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed this instrument.

Witness my hand and official seal.

Emily Jenkins Notary Public

## Schedule A

**Harmoni Towers Assetco, LLC** 

**Harmoni Towers Assetco II, LLC**