



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

**1312784.06** mmoore  
ADD  
**Michael G. Adams**  
**Kentucky Secretary of State**  
Received and Filed:  
10/3/2023 2:49 PM  
Fee Receipt: \$90.00

**Division of Business Filings**  
P.O. Box 718  
Frankfort, KY 40602  
(502) 564-3490  
[www.sos.ky.gov](http://www.sos.ky.gov)

**Certificate of Authority**  
(Foreign Business Entity)

**FBE**

Pursuant to the provisions of KRS 14A – 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

1. The entity is a:
- |                                              |                                                               |                                                                 |
|----------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> profit corporation  | <input type="checkbox"/> nonprofit corporation                | <input type="checkbox"/> professional limited liability company |
| <input type="checkbox"/> business trust      | <input checked="" type="checkbox"/> limited liability company | <input type="checkbox"/> statutory trust                        |
| <input type="checkbox"/> limited partnership | <input type="checkbox"/> ltd cooperative association          | <input type="checkbox"/> other                                  |
| <input type="checkbox"/> non-profit llc      | <input type="checkbox"/> professional service corporation     |                                                                 |

2. The name of the entity is Harmoni Towers AssetCo LLC  
(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): \_\_\_\_\_  
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is Delaware

5. The date of organization is 07/06/2023 and the period of duration is \_\_\_\_\_  
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is  
6210 Ardrey Kell Road, Suite 450 Charlotte NC 28277  
**Street Address** **City** **State** **Zip Code**

7. The street address of the entity's registered office in Kentucky is  
306 W. Main Street, Suite 512 Frankfort KY 40601  
**Street Address (No P.O. Box Numbers)** **City** **State** **Zip Code**

and the name of the registered agent at that office is C T Corporation System

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

<u>Yannis Macheras, Manager</u>	<u>6210 Ardrey Kell Road, Suite 450</u>	<u>Charlotte</u>	<u>NC</u>	<u>28277</u>
<b>Name</b>	<b>Street or P.O. Box</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<u>Jack Barry, Manager</u>	<u>6210 Ardrey Kell Road, Suite 450</u>	<u>Charlotte</u>	<u>NC</u>	<u>28277</u>
<b>Name</b>	<b>Street or P.O. Box</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<u>Bill Davison, Manager</u>	<u>6210 Ardrey Kell Road, Suite 450</u>	<u>Charlotte</u>	<u>NC</u>	<u>28277</u>
<b>Name</b>	<b>Street or P.O. Box</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable:

12. If a limited liability company, check box if manager-managed:

13. This application will be effective upon filing. Upon Filing

MARK HOLLOWAY, MEMBER 09/11/2023  
**Signature of Authorized Representative** **Printed Name & Title** **Date**

I, C T Corporation System, consent to serve as the registered agent on behalf of the business entity.  
**Type/Print Name of Registered Agent**

By:  SEAN L. EMERICK ASSISTANT SECRETARY 09/11/2023  
**Signature of Registered Agent** **Printed Name** **Title** **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

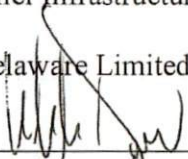
The limited liability company and the subsidiary entities listed, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to register the limited liability company in any state, as directed and authorized by the limited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

By:   
Name: ~~Secretary~~ William M. Davison  
Title: Secretary / COO

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 William Davison 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