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#### **COVER LETTER**

то:	Registration Section Division of Corporations			
SUBJI	WPLG, LLC			
SOBJI	Name of Limited Liability Company			
The en Exister	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ace, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida			
Please	return all correspondence concerning this matter to the following:			
	Heather L. Boozikee			
	Name of Person			
	Koley Jessen P.C., L.L.O.			
	Firm/Company			
1125 South 103rd Street, Suite 800				
	Address			
	Omaha, NE 68124			
	City/State and Zip Code			
	Kim.Hansen@bhmginc.com			
	E-mail address: (to be used for future annual report notification)			
For fur	ther information concerning this matter, please call:			
	Heather Boozikee 402 343-3784 at (			
	Name of Contact Person Area Code Daytime Telephone Number			
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			
Enclos	ed is a check for the following amount:  \$\Boxed{\to \$125.00 Filing Fee} \Boxed{\to \$130.00 Filing Fee & Biling Fee & Certificate Copy} \Boxed{\to \$160.00 Filing Fee, Certificate Copy} \Boxed{\to \$160.00 Filing Fee} \t			

## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

February 14, 2017

HEATHER L BOOZIKEE KOLEY JESSEN PC, LLO 1125 SOUTH 103RD STREET, SUITE 800 OMAHA, NE 68124

SUBJECT: WPLG, LLC

Ref. Number: W17000012892

We have received your document for WPLG, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is \$\overline{9}\text{eing} \overline{9}\text{c} returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 717A00002919

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

IN COMPILIANCE 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:

1. WPLG, LLC			
(Name of For	reign Limited Liability Company; must include	de "Limited Liability Company," "L.L.C.," or "LLC."	<del>)                                    </del>
		sacting business in Florida. The alternate name must	include "Limited
Liability Company," "L.L.C.  2. Delaware	," or "LLC.")		
(Jurisdiction under the law	of which foreign limited liability	(FEI number, if applicable)	<del></del>
company is organized)  A upon filing of this App	plication		
4.	(Date first transacted business in Flo (See sections 605.0904 & 605.0905, F	orida, if prior to registration.)	
5. 3401 West Hallandale			
Pembroke Park, FL 33	023		
<del></del>	(Street Address of Principal	Office)	
6 3401 West Hallandale	Beach Blvd		
Pembroke Park, FL 33	023		
<del></del>	(Mailing Address)		<b>17</b> · .
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	CT Corporation System		FEB 2
Office Address:	1200 South Pine Island Road		<b>2</b>
	Plantation	, Florida 33324 (Zip code)	EB 24 PH 1:
Thomas as as a	· · · · · · · · · · · · · · · · · · ·	(Zip code)	
Registered agent's accep  Having been named as re		process for the above stated limited liability con	UN 📑
designated in this applica	tion, I hereby accept the appointment a	s registered agent and agree to act in this capac	city. I further agree
	ons of all statutes relative to the proper my position as registered agent.	and complete performance of my duties, and i	am Jamiliar with and
	· · · · · · · · · · · · · · · · · · ·	AVP, CT Corporation System nt's signature)	
	(Registered ago	nt's signature)	
8. The name, title or capa	city and address of the person(s) who ha	s/have authority to manage is/are:	
BH Holding LLC - Aut	horized Member (AMBR)		
1314 Douglas Street, Suit	e 1500		
Omaha, NE 68102			_
	of which it is organized. (If the certificate	duly authenticated by the official having custody c is in a foreign language, a translation of the cer	
	Signature of an au	thorized person	
This document is executed submitted in a document to	in accordance with section 605.0203 (1) the Department of State constitutes a third. J. Scott Sear!	(b), Florida Statutes. I am aware that any false ir rd degree felony as provided for in s.817.155, F.	nformation S.
	J. SCOU SCAFI		
	Typed or printed no	ame of signee	

Page 1

# <u>Delaware</u>

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "WPLG, LLC" IS DULY FORMED UNDER THE

LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE NINTH DAY OF FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WPLG, LLC" WAS FORMED ON THE FOURTH DAY OF APRIL, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

THE RESERVE OF THE PARTY OF THE

Authentication: 202011073

Date: 02-09-17

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