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·		
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	,
Certified Copies	_ Certificates	of Status
Special Instructions to I		
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Office Use Only



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SUPPLIES STATE

F03-513

řILED

TRANSMITTAL LETTER

	ration Section on of Corporations							
SUBJECT:	Northwest Circulation Sales, Inc.							
Sebesei.	(Name of corporation - must include suffix)							
Dear Sir or Ma	adam:							
"Certificate of	'Application by Foreign Corporation for Authorization to Transact Business in Florida", Existence", and check are submitted to register the above referenced foreign corporation iness in Florida.							
Please return a	all correspondence concerning this matter to the following:							
William Ka	ary							
	(Name of Person)							
Northwest	t Circulation Sales, Inc.							
- ''	(Firm/Company)							
795 Marbı	ury Lane							
	(Address)							
Longboat	Key, FL 34228							
	(City/State and Zip code)							
(City/State and Zip code) For further information concerning this matter, please call: Bill Kary at (941) 544-5700 (Area Code & Daytime Telephone Number)								
Bill Kary	at (941) 544-5700 925 99							
(Name	e of Person) (Area Code & Daytime Telephone Number)							
Registration So Division of Co 409 E. Gaines Tallahassee, F.	ection Registration Section proporations Division of Corporations St. P.O. Box 6327							
Enclosed is a c	check for the following amount:							
☑ \$70.00 Filin	ng Fee							

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Northwest	t Circulation Sales, Inc.			
words or abbrev	oration; must include the word "INCORPORATI viations of like import in language as will clearly or partnership if not so contained in the name at	y indicate that it is a corporation instead of a		
Delaware	3.	43-1779348		
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)		
4. 3/24/199	97	Perpetual		
(Dat	te of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")		
_{6.} Upon Qu	alification			
(Date first transa		transacted business in Florida, insert "upon qualifica, 607.1502 and 817.155, F.S.)	ition.")	
_{7.} 5380 Gul	lf of Mexico Drive #406 Longboat Ke	y, FL 34228		
	(Principal office add	ress)		
Same			g 3	
	(Current mailing add	ress)		
Telemarke	eting	ASSET ASSET		
(Purpose)	(s) of corporation authorized in home state or co	ountry to be carried out in state of Florida)		
9. Name and str	reet address of Florida registered agent:	ountry to be carried out in state of Florida) (P.O. Box or Mail Drop Box NOT acceptable)	4 9: 34	
Name:	William Kary	——————————————————————————————————————	*!	
Office Address:	795 Marbury Lane			
	Longboat Key	, Florida		
	(City)	(Zip code)		
Having been nat		ice of process for the above stated corporation ment as registered agent and agree to act in thi		

further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRE	CTORS			
Chairman:				
Address: .				
_				
Vice Chair	man:			
Address:				
_				
Director:				
Address:			.	
-				
Director:				
Address:				_
B. OFFI	CERS	720	<u>ე</u>	
President:	Doug Leu	E C	<u> </u>	
	3292 Charter Oak	14.SS.	1	<u> </u>
·	Maumee, OH 43537	HC	12	
Vice Presi	dent: William Kary		က္	12 1 200
Address:	TOE Markey and are	→'''	<u>~~</u>	
	Longboat Key, FL 34228			
Secretary:				
Address:				
Treasurer:				
Address:				
NOTE:	If necessary you may attack an addendum to the application listing additional officers an	d/or dire	ctors.	
13	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the	application	on)	
14	Um. Knay VICE RESIDENT (Typeday printed name and capacity of person signing application)	Y. L	,	
	(Timed or printed name and capacity of person cigning ambigation)			

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NORTHWEST CIRCULATION SALES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF JANUARY, A.D. 2003.



2731688 8300

Warriet Smith Hindson
Harriet Smith Windson, Secretary of State

AUTHENTICATION: 2201223

020767540 DATE: 01-13-03