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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STAIL

COF STATE E.F. FLORIDA

COVER LETTER

TO: New Filin Division of	of Corporation				
SUBJECT:	LTS	FREZOO	4 I	NC	
		Name of corpor	ation - mus	t include suffix	
Dear Sir or Madar	m:				
"Certificate of Exi	stence," or "C	•	Standing"	and check are su	act Business in Florida," bmitted to register the
Please return all co	•	concerning this m		•	
	Roi	ERICK V.	ANDER	BILT	
		Nam	e of Persor	1	
	L13	FREEDOL	1, In	1C	
	·	Firm/	Company		
	401	E. LASO	US BL	UD #130	-132
•		A	ddress		
	FORT	LAUDERD	NE	FL 33	301
		City/Sta	ite and Zip	code	
		rodv1a	msn.	Com	<u> </u>
	E-ma	il address: (to be u	sed for fut	ire annual report	notification)
For further inform	ation concerni	ng this matter, plea	se call:		
LIN	DA TUMO	0L0 at (9	54,	242-31	' <i>33</i>
Name of	Person			Daytime Telev	
	COURIER A	DDRESS:		MAILING A	
New Filing	g Section f Corporations			New Filing S Division of C	
Clifton Bu		•		P.O. Box 632	
	utive Center C e, FL 32301	ircle		Tallahassee,	FL 32314
nclosed is a checl	c for the follow	ving amount:			
\$70.00 Filing	1 1	75 Filing Fee & tificate of Status		5 Filing Fee & fied Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

					. 10		<u> </u>		•	m di	-
(If name unavai	·	•	•		•			-			
State or country	under the law	of which it is	incorporate	3 ed)		(FEI	number,	if applical	ble)		_
	08/20 e of incorporation	12012		5			Pick	PHUA	1/_		
(Dat	e of incorporation	on)		— J. (Duration	: Year coi	p. will c	ease to exi	ist or "pe	rpetual")	-
			09/1	2/12	12						
		(Date first tra	nsacted bu	isiness in I	lorida, if	prior to re	gistratio	n)			-
	(SEE	SECTIONS 6	507.1501 8	£ 607.1502	2, F.S., to	determine	e penalty	liability)			
	(000										
401	E. 11	5 0475 1	BLUD	# 120-	/3a /	FT LA	DER	OME	FL 3	3 3 3 6	2/
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5	E. LAS O ME OF	(C) Vi 77941	urrent man	Supple	is) EME	WTS				3336	2/
5	E. LAS 0	(C) Vi 77941	urrent man	Supple	is) EME	WTS				3336	2/
(Purpose(E. LAS O ME OF s) of corporation	VI 7344 n authorized i	urrent man	Supplemental states of cour	EHE	WTS carried ou	it in state				_
(Purpose) Name and stre	E. LAS O ME OF s) of corporation et address of F	VI 773441 n authorized i	in home statered agen	Suppose the state or court of the state of t	S) LEME Atry to be Box NO	WTS carried ou	it in state				_
(Purpose(E. LAS O ME OF s) of corporation et address of F	VI TAMA n authorized i	in home statered agen	Suppose Suppos	try to be	carried ou	it in state able)	of Florida			_
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(Purpose) Name and stre	E. LAS O ME OF s) of corporation et address of F	VI TAMA n authorized i	in home statered agen	Suppose Suppos	try to be	carried ou	it in state able)	of Florida		12 SEP 28 PHIZ: 07 STATE	_

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I 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. DIRECTORS RODDRICK VANDERBAT 12 SEP 28 PM 12: 04 401 E. LAS OLAS BLUD Address: Address: Director: Address: Director: _ **B. OFFICERS** President: RODERICK VANDERBILT
401 E. LAS OLAS BLUD Vice President: Secretary: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. RODERICK VANDERBILT PRESIDENT

(Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "LTS FREEDOM, 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 TWENTY-FOURTH DAY OF

AUGUST, A.D. 2012.

FILED PHIES OF STANFOR

5201306 8300

120965461

AUTHENTY CATION: 9801989

DATE: 08-24-12

You may verify this certificate online at corp.delaware.gov/authver.shtml