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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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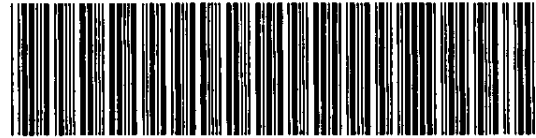
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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FILED
2017 MAR -2 PM 5:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALY

MAR -7 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEXSTAR GROUP, INC

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

FREDERICK A GRANT JR

Name of Person

NEXSTAR GROUP, INC

Firm/Company

340 NICKLAUS BLVD

Address

NORTH FORT MYERS, FL 33903

City/State and Zip code

nexstar@hesuites.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FREDERICK GRANT

508

626-5354

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified 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.*

NEXSTAR GROUP, INC

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. WYOMING 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2/13/2012 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
upon registration

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1621 CENTRAL AVE, CHEYENNE, WYOMING 82001
(Principal office address)
340 NICKLAUS BLVD, NORTH FORT MYERS, FLORIDA 33903
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agents Inc.
Office Address: 3030 N. Rocky Point Dr., Suite 150A
Tampa, Florida 33607
(City) (Zip code)

9. Registered agent's acceptance:

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.

Bill Havre

Bill Havre-- Assistant Secretary

(Registered agent's signature)

10. 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.

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2011 MAR -2 PM 5:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: KATHLEEN B GRANT

Address: 340 NICKLAUS BLVD

NORTH FORT MYERS, FL 33903

Vice President: _____

Address: _____

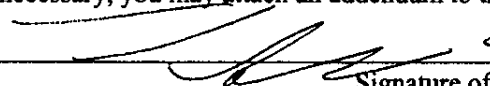
Secretary: FREDERICK A GRANT JR

Address: 340 NICKLAUS BLVD, NORTH FORT MYERS, FL 33903

Treasurer: FREDERICK A GRANT JR

Address: 340 NICKLAUS BLVD, NORTH FORT MYERS, FL 33903

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.  Treasurer
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. FREDERICK A GRANT JR, Treasurer

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

FILED
2017 MAR -2 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF WYOMING
Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

NEXSTAR GROUP, INC

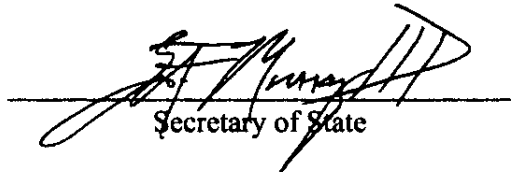
is a
Profit Corporation

formed or qualified under the laws of Wyoming did on **February 13, 2012**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2012-000616676**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 27th day of February, 2017 at 12:00 PM. This certificate is assigned 022335723.




Secretary of State

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2017 MAR -2 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <http://wyobiz.wy.gov> and following the instructions displayed under Validate Certificate.