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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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FOREIGN PROFIT/NONPROFIT CORPORATION RADIO FREE NEW PORT RICHEY INC

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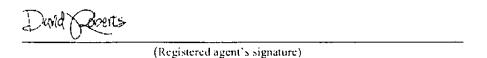
9/18/2024 12:21:33 PDT . To: 18506176383 Page: 2/4 Fex: 8134365206

## 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.

	corporation; must include "INCORPORATED," or," "Inc," "Co," or "Corp,")	"COMPANY," "CORPORATIO	V."
(If name unavai	able in Florida, enter alternate corporate name a	adopted for the purpose of transacting	g business in Florida)
Delaware	3.		
(State or count	y under the law of which it is incorporated)	(Ft:I number, if ap	plicable)
12/04/2023	5.		
(Date of incorporation)		(Date of duration, if other t	han perpetual)
7143 STATE RO	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	02, F.S., to determine penalty liabili	iy)
	(SEE SECTIONS 607.1501 & 607.15 AD 54 STE 140 NEW PORT RICHEY FL 34653	02, F.S., to determine penalty liabilities street address)	ty)
	(SEE SECTIONS 607.1501 & 607.15  AD 54 STE 140 NEW PORT RICHEY FL 34653  (Principal office AD 54 STE 140 NEW PORT RICHEY FL 34653	02, F.S., to determine penalty liabilities street address)	
7143 STATE RO	(SEE SECTIONS 607.1501 & 607.15  AD 54 STE 140 NEW PORT RICHEY FL 34653  (Principal office AD 54 STE 140 NEW PORT RICHEY FL 34653	02. F.S., to determine penalty liabilities street address) g address, if different)	2824 S.J?
7143 STATE RO	(SEE SECTIONS 607.1501 & 607.15  AD 54 STE 140 NEW PORT RICHEY FL 34653  (Principal office AD 54 STE 140 NEW PORT RICHEY FL 34653)  (Current mailing)	02. F.S., to determine penalty liabilities street address) g address, if different)	
7143 STATE RO  Name and <u>stre</u> Name:	(SEE SECTIONS 607.1501 & 607.15  AD 54 STE 140 NEW PORT RICHEY FL 34653  (Principal office AD 54 STE 140 NEW PORT RICHEY FL 34653)  (Current mailing et address of Florida registered agent: (P.O.)	02. F.S., to determine penalty liabilities street address) g address, if different)	2824 S. 19 18 Pil
7143 STATE RO	(SEE SECTIONS 607.1501 & 607.15  AD 54 STE 140 NEW PORT RICHEY FL 34653  (Principal office AD 54 STE 140 NEW PORT RICHEY FL 34653  (Current mailing et address of Florida registered agent: (P.O. Registered Agents Inc.)  7901 4th St N STE 300	02. F.S., to determine penalty liabilities street address) g address, if different)	2824.8_17.18

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.



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.

## A. DIRECTORS

□Chairman	Name:	□ Chairman	Name:			
□Vice Chairman	7143 STATE ROAD 54 STE 140 Address:	□ Vice Chairman	Address:			
<b>X</b> Director	NEW PORT RICHEY FL 34653	□Director				
<b>X</b> (President		President				
□Vice President		□Vice President				
<b>X</b> Secretary	<b>※</b> Treasurer	□ Secretary	□Treasurer			
□Other	Other	□Other	Other			
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		Director				
□President		□ President				
□Vice President		□Vice President				
☐Secretary	☐ Treasurer	Secretary	☐ Treasurer			
□Other	Other	□Other	□Other			
□Chairman	Name:	□Chairman	Name:			
LIVice Chairman	Address:	∟Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
☐Secretary	□Treasurer	□Secretary	□Treasurer			
□Other	Other	Other	Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.  12.   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.

## Delaware The First State

Page 1

Fax: 8134365206

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

DELAWARE, DO HEREBY CERTIFY "RADIO FREE NEW PORT RICHEY 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 EIGHTEENTH DAY OF SEPTEMBER,

A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RADIO FREE NEW PORT RICHEY INC" WAS INCORPORATED ON THE FOURTH DAY OF DECEMBER,

A.D. 2023.

Authentication: 204416850

Date: 09-18-24