# Florida Department of State

Division of Corporations Public Access System

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(((H08000231109 3)))



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Division of Corporations

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From:

Account Name : CSH SERVICES, LLC

Account Number : 120070000160 Phone

: (800)494-3124

Fax Number : (561)455-9885

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

### NEWSPAPER SALES ASSOCIATES, LLC

Certificate of Status	0	
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OCT -8 2008

**EXAMINER** 

# H-08000231109-3

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
1 NEWSPAPER SALES ASSOCIATES, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LI.C.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attend a control of the universal of the purpose of transacting business in Florida and attend a control of the universal of the purpose of transacting business in Florida and attend a control of the universal of the univer	tei
consent of the managers or managing members adopting the alternate name. The alternate name must include Limited Liability Company," "L.L.C.," "LLC.")	•
2 TENNESSEE 3 62-1705950	<u>-</u>
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)	T
min V	)
4. 08/21/1997 (Date of Organization)  5. PERPETUAL (Duration: Year limited liability company of the case to	
exist or "perpetual")	
6. UPON QUALIFICATION	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 103 YVONNE COURT	
GOODLETTSVILLE, TENNESSEE 37072	
(Street Address of Principal Office)	
8. If limited liability company is a manager-managed company, check here	
9. The name and usual business addresses of the managing members or managers are as follows:	
MANAGER, THOMAS W COX JR. 103 YVONNE COURT GOODLETTSVILLE, TENNESSEE 37072	
SECRETARY, TAMMY COX 103 YVONNE COURT GOODLETTSVILLE, TENNESSEE 37072	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records	in
the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under eath of the translation must be submitted.)	
TO ENGLOS IN	
11. Nature of business or purposes to be conducted or promoted in Florida: TO ENGAGE IN	
ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE STATE OF FLORIDA	
at well.	
Signature of a member or an authorized representative of a member.	
(In accordance with section 608,408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	
THOMAS W COX JR.	

Typed or printed name of signee

H-08000231109-3

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:			
NEWSPAPER SALES ASSOCIATES, LLC			
If name unavailable, the alternate name to be used in the state of Florida is:	TA <sub>S</sub>	21	
2. The name and the Florida street address of the registered agent and office are:	CRETAR LAHASSI	2008 OCT -	
TAMMY COX	EE C		
(Name)	<u> </u>	$\triangleright$	1 1 1
2121 NW 29TH CT #A7	STATE	<u>.</u>	U
Florida Street Address (P.O. Box NOT ACCEPTABLE)		_	
FT. LAUDERDALE FL 33311  City/State/Zip			

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent und agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Dammy LOY (Signature)

H-08000231109.3

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

2 (d)

ISSUANCE DATE: 10/02/2008
REQUEST NUMBER: 08276532
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: D8/21/1997 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0336220 JURISDICTION: TENNESSEE

TO:
ALA INCORPORATION SERVICES
CHRISTINE GIORDANO
2761 VISTA PKWY #E-4
WEST PALM BEACH , FL 33411

REQUESTED BY:
Ala incorporation services
CHRISTINE GIORDANO
2761 VISTA PKWY #E-4
WEST PALM BEACH , FL 33411

#### CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"NEWSPAPER SALES ASSOCIATES, LLC"

A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF FORMATION AND DURATION AS GIVEN ABOVE; THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID; THAT THE MOST RECENT LIMITED LIABILITY ANNUAL REPORT REQUIRED HAS BEEN FILED; THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

2008 OCT -7 A 9 31
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

FOR: REQUEST FOR CERTIFICATE

WEST PALM BCH, FL 33411-2511

ON DATE: 10/02/08

RECEIVED:

FEES \$20.00

TOTAL PAYMENT RECEIVED:

RECEIPT NUMBER: 0000 ACCOUNT NUMBER: 0057

ALEXANDER IN

FROM:

CSH SERVICES, LLC

6901 DKEECHOBEE BLVD

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RILEY C. DARNELIS

SECRETARY OF ST