

Florida Department of State

Division of Corporations **Public Access System**

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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

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Phone : (850)222-1092 Fax Number : (850)878-5926

FLORIDA/FOREIGN LIMITED LIABILITY CO.

TV6-W, LLC

Certificate of Status	0		
Certified Copy	0		
Page Count	04		
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Corporate Filing Menu

Help

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

1. <u>T</u>	V6-W, LLC (Name of Foreign Limited Liability Company; must inclu	1 10 1 2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	(Name of Foreign Limited Liability Company; must inclu	los "Limited Liability Company," L.L.C., or "LEC.")	
coruse	me unavailable, enter alternate name adopted for the purpoint of the managers or managing members adopting the alternaty," "L.L.C.," "LLC.")		
2 D	elaware 3	26-3655631	
(Ju	risdiction under the law of which foreign limited liability inpany is organized)	(FEI number, if applicable)	
4. 1	0/29/08 5	Perpetual	
	(Date of Organization)	(Duration: Year limited liability company will cease exist or "perpetual")	
6	Onto first transpoted huginoss in Fin	rids if prior to registration	
	(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	to determine penalty liability)	言語
7. 4	091 Viscount Avenue, Memphis, Ter	nnessee 38118	SE [®]
	1.		[편문] - 1
	(Street Address of	of Principal Office)	
B. If	limited liability company is a manager-managed	company, check here 🗹	夏河
9. Ti	e name and usual business addresses of the mana	ging members or managers are as follows:	
Ň	/Illiam Orgel, 4901 Viscount Avenue	, Memphis, Tennessee 38118	_
	· · · · · · · · · · · · · · · · · · ·		
_			-
	1		_
10. Au	ached is an original certificate of existence, no more than 90 de	ays old, duly authenticated by the official having custody of	icands in
	diction under the law of which it is organized. (A photocopy		a
rareur	on of the certificate under eath of the translator must be subm	rued.)	
11. N	ature of business or purposes to be conducted or	promoted in Florida:	_
Co	ommunications _ , ,		
-	211		 ,
	Signatura of a landay and a suit	orized representative of a member.	
	(In accordance with section 608.408(3), P.S	t, the execution of this document constitutes	
	an affirmation under the penalties of perjur Jav H. Lindv. Authorized		

Typed or printed name of signee

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.

If name unavailable, the alternate name to be used in the state of Florida is: 2. The name and the Florida street address of the registered agent and office are: CT Corporation System (Nume) 1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE) Plantation FL 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 and 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 dutles, and I am familiar with and accept the	TV6-W, LLC		oany is:			4
CT Corporation System (Nume) 1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE) Plantation FL 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 and agree to act in this capacity. I further agree to comply with the provisions of all statutes	If name unavailable,	the alternate name to b	or used in the state	of Florida is:		•
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liability company at the place designated in this certificate, 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			City/State/Zip		_ Su	0
obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.	liability company at u agent and agree to ac relating to the proper	ns registered agent and the place designated in the this capacity. I further and complete performa	to accept service of his certificate, I her her agree to comply ince of my dutles, a	process for the above eby accept the appoint with the provisions o ad I am familiar with a	stated limited tment as register f all statutes und accept the	00
	1 / 67	Corporation System	Breunling			

Filing Fee for Application

Designation of Registered Agent Certified Copy (optional)

Certificate of Status (optional)

\$ 100.00

\$ 25,00 \$ 30.00

5,00

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TV6-W, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF OCTOBER, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY TRAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

1617259 8300

081079040

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

Variet Smith Hindren

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6941156

DATE: 10-30-08