Division of Corporations **Electronic Filing Cover Sheet**

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(((H11000227194 3)))



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Division of Corporations
Fax Number : (850)617-6383 date of submission 9/16

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Account Name : C T CORPORATION SYSTEM

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Foreign Limited Liability Company Ehlert Publishing Group, LLC

Certificate of Status	0
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COVER LETTER

	gistration Section islon of Corporations		
SUBJECT:	Ehlert Publishing Group, LLC		
000,000	1	Name of Limited Liability Company	
		iability Company for Authorization to Transact Business in Florida," Ce e above referenced foreign limited liability company to transact business	
Please return	all correspondence concerning this	matter to the following:	
	Robert T. York		
		Name of Person	
	Kaplan, Strangis and Kaplan, P.	А.	
-	A *** V ****	Firm/Company	
	90 South 7th Street, Suite 5500		
	TO THE STATE OF TH	Address	
	Minneapolis, MN 55402		
		City/State and Zip Code	
	rty@kskpa.com		
	E-mail address	(to be used for future annual report notification)	
For further in:	formation concerning this matter, pl	ease call:	
Robe	ert T. York	at (612) 37-1138	
	Name of Person	Area Code & Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahussee, FL 32314		STREET ADDRESS; Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, F1. 32301	
	a check for the following amo .00 Filing Fee \$130.00 Filing Certificate of \$	Fee & \$\Bigcap\$155.00 Filing Fee & \$\Bigcap\$160.00 Filing Fee, Certificate	



September 19, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: EHLERT PUBLISHING GROUP, LLC

REF: W11000048049

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is F04000001100,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick Regulatory Specialist II FAX Aud. #: H11000227194 Letter Number: 411A00021545

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11 SEP 19 PM 12: 24

SECRETARY OF STATE
ALL AHASSEE. FLORIDA

P.O BOX 6327 - Tallahassec, Florida 32314

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

IN COMPLIANCE WITH SECTION 608 503. FLORIDA STATLITIS: THE FOLLOWING IS SUBMITTED TO DECEMBER A DOMESTIA

	MITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;	I MULK	ліч	
1.	Ehlert Publishing Group, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")			
¢c	finance may allable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabil ompany," "L.L.C," "LLC.")	- writte lity	en	
2.	Delaware 3, 41-1593263			
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	•		
4.	2-25-2011 (Date of Organization) 5. perpetual (Duration: Year limited liability company will cense to			
	(Date of Organization) (Duration: Year limited liability company will cense to exist or "perpetual")			
6.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)			
7.	6420 Sycamore Lane, Suite 100			
	Maple Grove, MN 55369			
	(Street Address of Principal Office)			
8.	If fimited 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:			
	Marcus Lemonis, Manager, 250 Parkway Drive, #270, Lincolnshire, IL 60069			
	Thomas F. Wolfe, Manager, 2575 Vista Del Mar Drive, Ventura, CA 93001			
	Steve Hedlund, Manager, 6420 Sycamore Lane, Suite 100, Maple Grove, MN 55369			
lle.	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recijurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a salation of the certificate under cath of the translator must be submitted.)	ords ii	1	
11,	Nature of business or purposes to be conducted or promoted in Florida: publishing			
-	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 penulties of perjury that the facts stated herein are true. I am aware that any false information submitted document to the Department of State constitutes a third degree felony as provided for in s.817.155(165)		FILE	4.00 4.00
	Thomas F. Wolfe		Ö	
	Typed or printed name of signee	ار د		

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.

	e of the Limited Liability ing Group, LLC	Con	npany is:		
lf unavailabl	le, the alternate to be use	d in t	he state of Florida is:		-
2. The name	and the Florida street ac	Idress	s of the registered agent and office are:		-
	C T Corporation System				
			(Nume)	-	
	1200 South Pine Island R			_	
	Florida Sir	eet Ad	dress (P.O. Box <u>NOT</u> ACCEPTABLE)		
	Plantation		FL 33324	•	
			City/State/Zip		
liability comp agent and agi relating to the	oany at the place designat ree to act in this capacity, proper and complete per	ed in . I fur form l ager	to accept service of process for the above st this certificate, I hereby accept the appointn ther agree to comply with the provisions of a ance of my duties, and I am familiar with am at as provided for in Chapter 608, Florida St m Kristin Bolde	nent as registe all statutes d accept the tatutes.	
	\$:	00.00 25.00 30.00 5.00	Designation of Registered Agent Certified Copy (optional)	SECRETAF TALLAHAS!	2011 SEP 11

Delaware

DACE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "EHLERT PUBLISHING GROUP, 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 FIFTEENTH DAY OF SEPTEMBER, A.D.
2011.

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

4945603 8300

111010263

AUTHENT'S CATION: 9030956

DATE: 09-15-11

8300

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