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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CSH SERVICES, LLC

Account Number : 120070000160 : (800)494-3124 Phone Fax Number : (561)455-9885

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## Foreign Limited Liability Company 451 Communications LLC

| Certificate of Status | 0        |  |
|-----------------------|----------|--|
| Certified Copy        | 0        |  |
| Page Count            | 04       |  |
| Estimated Charge      | \$125.00 |  |

D. BRUCE

OCT 16 2012

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## 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:

| LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE ST  | TATE OF FLORIDA:  |
|---|---|
| L 451 COMMUNICATIONS LLC  |   |
| (Name of Foreign Limited Liability Company; must include  | "Limited Liability Company," "L.L.C.," or "LLC.")   |
|   |   |
| (If name unavailable, enter alternate name adopted for the purpose                              |   |
| consent of the managers or managing members adopting the alternation Company," "L.L.C," "LLC.") | ate name. The alternate name must include "Limited Liability  |
|   | 17-5-5-5  |
| 2. KANSAS (Jurisdiction under the law of which foreign limited liability                        | (FEI number, if applicable)   |
| company is organized)   | (1 of number, 11 application)   |
| 4 FEBRUARY 21, 2011 5   | PERPETUAL _   |
| (Date of Organization)  | (Duration: Year limited liability company will cease to exist or "perpetual")                               |
| LIBON OLIM IPIOATION  | E CO  |
| 6. UPON QUALIFICATION   | In, if prior to registration.)  |
| (Date first transacted business in Floric<br>(See sections 608.501 & 608.502 F.S. to            | determine penalty liability)  |
| 9019 RAES CREEK PLACE   | SS T  |
|   |   |
| PALMETTO, FLORIDA 34221   |   |
| (Street Address of  |   |
| 8. If limited liability company is a manager-managed co   | mpany, check here   |
| , , ,   |   |
| 9. The name and usual business addresses of the manag   | ing members or managers are as follows:   |
| MGRM: KAREN E KRAUSE  |   |
|   |   |
| 9019 RAES CREEK PLACE, PALMET   | TO, FLORIDA 34221   |
|   |   |
|   |   |
| 10. Attached is an original certificate of existence, no more than 90 day                       |   |
| the jurisdiction under the law of which it is organized. (A photocopy is                        |   |
| translation of the certificate under eath of the translator must be submitted                   | ed.)  |
| 11. Nature of business or purposes to be conducted or pr  | romoted in Florida: TRANSLATIONS,   |
| INTERPRETATIONS AND COMMUNICATI   |   |
| $\overline{}$   | 0   |
| - Larent Na   | ust   |
| Signature of a member or an author  |   |
| (In accordance with section 608.468(3), F.S., the execution                                     | n of this document constitutes an affirmation under the arm aware that any false information submitted in a |
|   | third degree felony as provided for in s.817.155, F.S.)   |
| KAREN E K   |   |
| Typed or printed na   | ime of signee   |

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## 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.

|                   | the Limited Liability Co     | . •  |                             |              |                          |
|-------------------|------------------------------|--|-----------------------------|--------------|--------------------------|
| If unavailable, t | he alternate to be used in   | the state of Florida is:                     |                             |              |                          |
| 2. The name an    | d the Florida street addre   | ess of the registered agent and office       | are:                        |              | ·                        |
|                   | KAREN E KRAUS                | SE<br>(Name)                                 | SEC TALL                    | 12 (         |                          |
|                   | 9019 RAES CRE Florida Street | Address (P.O. Box NOT ACCEPTABLE)  FI. 34221 | REJARY OF S<br>AHASSEE, FLI | OCT 15 AM 9: | AFFROYER<br>AND<br>FILED |
|                   | 17 EMETTO                    | City/State/Zip                               | ORIDA                       | 9: 23        | <b>1</b> m.              |

lfaving 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 duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Signatūre)

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## STATE OF KANSAS OFFICE OF SECRETARY OF STATE KRIS W. KOBACH

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 6507644

Entity Name: 451 COMMUNICATIONS LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: 451 COMMUNICATIONS LLC

Registered Office: 3713 SE 22 Terrace, TOPEKA, KS 66605

was filed in this office on February 21, 2011, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the scal of the Secretary of State of the state of Kansas on this day of October 15, 2012

KRIS W. KOBACH SECRETARY OF STATE

Kis W. Kotach

Certificate ID: 558382 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.