Florida Department of State

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Foreign Limited Liability Company FASTLINE PUBLICATIONS, LLC

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AUG 1 4 2013

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Electronic Filing Menu

Corporate Filing Menu

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	ration Section on of Corporations					•
SUBJECT: P/	ASTLINE PUBLI	CATIONS, LLC.				
		Name of	Limited Liability Co	inpany		
The enclosed "/ Existence, and c	Application by For theck are submitte	cign Limited Liability (d to register the above t	Company for Authorize referenced foreign lin	zation to Tra aited liability	ansact Business in Fi y company to transac	orida," Cortificate of a business in Florida
Please return all	correspondence c	oncerning this matter to	the following:		•	
	Abigail Busch					
	<u> </u>		Name of Person			- 37 B
	CT Corporation					MECKALTAN)
			Pirm/Company			
	8040 Excelsior I	Drive, Suite 200				771,
			Address			
	Madison, WI 53	717				34 %
		Cit	y/State and Zip Code	;		~~~~~
	christy.paulin@ft	stline.com				
		E-mail address: (to be	used for fature annua	report noti	fication)	
For further infor	mation concerning	; this matter, please call	l:			
Abigai	l Busch		608	827-76	04	
	Name o	f Person	Area Code & Daytim	c Telephone	Number	 -
Divisio Registr P.O. Bo	ING ADDRESS: n of Corporations ation Section ox 6327 usece, FL 32314	Div Reg Clii 266	REET ADDRESS: Ision of Corporation: sistration Section flon Building Executive Center (Inhasses, FL 32301			
	check for the fo 5.00 Filing Fee	ollowing amount: \$\sum_\$130.00 Filing Fee Certificate of Status			S160.00 Filing 1	

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

IN COMPLIANCE WITH SECTION GROUP, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. FASTLINE PUBLICATIONS, LLC. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(Name of Poleign Emined Elabolity Company; thus include "Emilied Elabolity Company," "E.E.C.," or "EEC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "L.L.C.")
2 KY 3 61-0990596
2. KY (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)
4. 12/30/2003 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6 2
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 4900 Fox Run Rd.
Buckner Ky 40010 (Street Address of Principal Office)
(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:
Bill Howard, 4900 fox Run Rd. P.O. Box 248, Buckner KY 4001

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 oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida:
Selling advertising in farm equipment catalogue.
-
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), P.S., the execution of this document constitutes on affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any folso information submitted in a
document to the Department of State constitutes a third degree felony as provided for in a.817.155, P.S.)
Typed or printed name of signee

1. The name of the Limited Liability Company is:

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.

FASTLINE PU	JBLICATIONS, LLC.		
If unavailable	e, the alternate to be used in the state of Florida is:		
2. The name	and the Florida street address of the registered agent and office are		
	C T Corporation System	17- miles	
	(Name)		
	1200 South Pine Island Road		
	Plorida Street Address (P.O. Box NOT ACCEPTABLE)	— ST M	
	Plantation F1. 33324		
	City/State/Zip		
liability comp registered ag statutes relati	named as registered agent and to accept service of process for the a vany at the place designated in this certificate. I hereby accept the ap- ent and agree to act in this capacity. I further agree to comply with ing to the proper and complete performance of my duties, and I am fi ligations of my position as registered agent as provided for in Chapt	ppointment as the provisions of all familiar with and	
	C T Corporation System		
	By:		
	(Signature)		
	\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)	!	

Commonwealth of Kentucky Allson Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication number: 142048
Visit https://eco.sos.ky.gov/fishow/cortvalidate.aspx to authenticate this certificate.

1, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

FASTLINE PUBLICATIONS, LLC.

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is December 30, 2003 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 14th day of August, 2013, in the 222nd year of the Commonwealth,

Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

142048/0575342