(1/5)

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## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023
Phone: (850)222-1092
Fax Number: (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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#### Foreign Limited Liability Company GNSS LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 05       |
| Estimated Charge      | \$125.00 |

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#### COVER LETTER

| UBJECT: _                      |   | GNSS LLC  |  |
|--------------------------------|---|---|--|
|                                | Nan   | ne of Limited Liability Company   |  |
| he enclosed "<br>xislence, and | Application by Foreign Limited Llot check are submitted to register the a               | pility Company for Authorization bove referenced foreign limited !  | to Transact Business in Florida," Certificat iability company to transact business in Florida. |
| lease return a                 | Il correspondence concerning this ma  | atter to the following:   |  |
|                                | Linda R. Carducci   |   |  |
|                                |   | Name of Person  |  |
|                                | Gannett Co., Inc.   |   |  |
|                                |   | Firm/Company  |  |
|                                | 7950 Jones Branch Drive   |   |  |
|                                |   | Address   |  |
|                                | McLean, VA 22107  |   |  |
|                                |   | City/State and Zip Code   |  |
|                                | mwitwer@gannett.com   |   |  |
|                                | E-muil address  | (to be used for future annual report  | notification)  |
| or further info                | primation concerning this matter, plea  | ise call:   |  |
| СТС                            | Corporation System  | at ()_  |  |
| <del></del>                    | Name of Contact Person  | Areu Cude   | Daytime Telephone Number   |
| Dīvis<br>Regis<br>P.O. I       | LING ADDRESS:<br>ion of Corporations<br>tration Section<br>Box 6327<br>nassee, FL 32314 | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallabassee, FL 32301 |  |
| nalacad is                     | a shook for the following and   | · · · · · ·   |  |
| IICIOSCU IS                    | a check for the following amou  | ant.  |  |

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| ). GNSS LLC   | •               |                   |
|---|-----------------|-------------------|
| (Name of Poreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  |                 |                   |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limbility Company," "L.L.C," or "LLC.")   | ,<br>lited      |                   |
| 2. Delaware 3. 26-3025575   |                 |                   |
| (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)  | ,               |                   |
| 4. upon filing  | _               |                   |
| (Date first transacted business in Florids, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  |                 |                   |
| 5. 7950 Jones Branch Drive, McLean, VA 22107  | -               |                   |
|   | •               |                   |
| (Street Address of Principal Office)  |                 |                   |
| 6. 7950 Janes Branch Drive, McLean, VA 22107  | -               |                   |
|   |                 |                   |
| (Mailing Address)   |                 |                   |
| 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  | 2 83            | 2 234Clas         |
| Gannett Co., IncManaging Member   | ့်ယိ            | A. C. A. L. S. S. |
| 7950 Jones Branch Drive, McLean, VA 22107   | Æ               | ****              |
|   | 10: 2           |                   |
| <u> </u>  | -100            |                   |
| 8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the off 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 transmust be submitted)      |                 |                   |
| Toda Magne  |                 |                   |
| Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated here are aware that any false information submitted in a document to the Department of State constitutes a third degree fellows as provided for m s.817.155, F.S.) | ein me lok<br>) | e. 1              |
| Todd A. Mayman, Secretary   |                 |                   |
| Typed or printed name of signee   |                 |                   |

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 unavailable, the alternate to be used | d in the state of Florida is:                    |           |          |
|--|--|-----------|----------|
| 2. The name and the Florida street ac    | idress of the registered agent and office are:   |           |          |
| C T Corporation System                   |  |           |          |
| <del></del>                              | (Name)   |           |          |
| 1200 South Pine Island 1                 | Road   | <b>发表</b> | 5 F      |
| Florida St                               | Florida Street Address (P.O. Box NOT ACCEPTABLE) |           | EB 2.    |
| Plantation                               | FL 33324   | - Yes     | 3 AM 10: |
| City/State/Zlp                           |  | * 2**     | 76       |

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 duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

| By:         | CT Corporation System | Cameron |  |
|-------------|-----------------------|---------|--|
| (Signature) |                       |         |  |

S 100.00 Filing Fee for Application
S 25.00 Designation of Registered Agent
S 30.00 Certified Copy (optional)
S 5.00 Certificate of Status (optional)

# Delaware

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GNSS 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 TWELFTH DAY OF FEBRUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

DATE: 02-12-15