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3/30/15

NAME: LAMAR TRANSIT, LLC

TYPE OF FILING: APPLICATION

COST:

155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL

COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: Lamar Transit, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Michelle Krail
Name of Person
Kean Miller LLP
Firm/Company
400 Convention St, Suite 700
Address
Baton Rouge, LA 70802
City/State and Zip Code
michelle.krail@keanmiller.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Krail

_225

382-4627

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

■ \$125.00 Filing Fee

□ \$130.00 Filing Fee & Certificate of Status

☎ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

Lamar Transit, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name mayailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company" and J. (1) as all J. (2).
Liability Company," "L.L.C." or "LLC.") Delaware
(Lurisdiction under the law of which foreign limited liability (FEI number, if applicable)
3/27/2015
(Date first transacted business in Florida, if prior to registration.)
(See sections 605,0904 & 605,0905, F.S. to determine penalty liability)
5. 5321 Corporate Blvd Baton Rouge, LA 70808
(Street Address of Principal Office)
_{6.} 5321 Corporate Blvd Baton Rouge, LA 70808
(Malling Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Keith A. Istre, Vice President
5321 Corporate Blvd Baton Rouge, LA 70808
Bill 2
TO THE PARTY OF TH
8. 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) 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 herein are true, and aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Keith A. Istre
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.

	f the Limited Liability Co ransit, LLC	ompany is:		
If unavailable,	the alternate to be used in	n the state of Florida is:		
2. The name a	and the Florida street addr	ress of the registered agent and office are:		~
	Capitol Corpo	orate Services, Inc.		
	<u></u>	(Name)	T.A	
	155 Office PI	aza Dr, Suite A	THE W	ST.
	Florida Stree	et Address (P.O. Box NOT ACCEPTABLE)		78 20 20
	Tallahassee	FL 32301		30 8
		City/State/Zip	.m.i`	x ;
liability compa registered age statutes relatin	nny at the place designated nt and agree to act in this ng to the proper and comp	and to accept service of process for the above s d in this certificate, I hereby accept the appoint capacity. I further agree to comply with the pro- lete performance of my duties, and I am familia registered agent as provided for in Chapter 60:	tated limited ment as ovisions of a or with and	-

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LAMAR TRANSIT, 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 TWENTY-FIFTH DAY OF FEBRUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LAMAR TRANSIT, LLC" WAS FORMED ON THE THIRD DAY OF DECEMBER, A.D. 2013.

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



5441915 8300

150264983

AUTHENTY CATION: 2149793

DATE: 02-25-15

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