Florida Department of State

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007

Phone : (702)866-2500

Fax Number : (702)866-2689

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Foreign Limited Liability Company PS CIRCULATION LLC

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COVER LETTER

то:	Registration Section Division of Corporation	18	ź	ب		
SUBJ	PS CIRCULATION	ON LLC				
3000	EC1;	Name of	Limited Liability C	ompany		
					nsact Business in Florida," Certificate o company to transact business in Florida	
Please	return all correspondence c	oncerning this matter to the	following:			
		Jı	ustin Foster			
		N	ame of Person	·-		
		InCor	p Services, Inc.			
		Fi	rm/Company			
		3773 Howard H	ughes Pkwy · S	uite 500	s	
	·		Address			
	Las Vegas, NV 89169-6014					
	<u> </u>	City/S	tate and Zlp Code			
			nts@incorp.con			
		E-mail address: (to be used	for future annual	report not	ification)	
For fu	rther information concerning	g this matter, please call:	·****			
	Justin Foster for I	nCorp Services, Inc.	702	866-2	500	
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
·	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Talluhassee, FL 32314			Division Registrat Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
Enclo	sed is a check for the follow \$125.00 Filing Fee	ing amount: \$\Boxed{\Omega}\$ \$130.00 Filing Fee & Certificate of Status	■ \$155,00 Filin Certified Copy	g Fee &	☐ \$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

	SINESS IN THE STATE OF FLORIDA:				
1. PS CIRCULATION					
(Name of Fore	ign Limited Liability Company; must include "Limi	ted Liability Company,""L.L.C.," or	"LLC.")		-
(If name unavailable, enter al Liability Company," "L.L.C,"	ternate name adopted for the purpose of transacting " or "Ll.C.")	business in Florida. The alternate na	me must incli	ıde "Lir	_ nited
2. Arizona	_	45620			
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)		-
4. Upon Registration			_		
	(Date first transacted business in Florida, if (See sections 605,0904 & 605,0905, F.S. to de	prior to registration.) termine penalty (iability)	_		
5. 7021 197th Street					
Bradenton, FL 342	11			•	
	(Street Address of Principal Office)	· · · · · · · · · · · · · · · · · · ·	_ ≱∞		
6. 7021 197th Street E	East	***	- F.C.	7	
Bradenton, FL 342	11		AHA AHA	APR 20	1:1
	(Mailing Address)		- SS	20	
7. Name and street addres	s of Florida registered agent: (P.O. Box NOT	acceptable)	E.C.		m
Name:	InCorp Services, Inc.		TARY OF SI ASSEE, FLO	AH II:	D
Office Address:	17888 67th Court North)RIC	≈	
	Loxahatchee	, Florida 33470	>		
	(City)	(Zip code)	_		
designated in th <mark>is a</mark> pplicat	gistered agent and to accept service of process tion, I hereby accept the appointment as regist	ered agent and agree to act in th	is capacity.	I furt	her agree
to complywith the provision accept the obligations of n	ons of all statutes relative to the proper and comy position as registerett agent.	niplete performance of my dutie	s, and I am	Janulsi	ır wiin and
	0)51 (-35)	Justin Foster on b	ehalf of InC	iom Sa	evices, inc
	(Registered agent's sign			701 P Q0	111000
8. The name, title or capa	city and address of the person(s) who has/have	authority to manage is/are:			
· · · · · · · · · · · · · · · · · · ·	fanager 3820 W. Happy Valley Rd.	· –			
			····		
					,
9. Attached is a certificate	of existence, no proje than 90 days old, duly au	thenticated by the official having	custody of	records	s in the
jurisdiction under the law o of the translator must be su	of which it is organized. (If the certificate is in abmitted)	i foleign language, a translation of	of the certific	cate un	der oath
	4 / thore is				
	Signature of an authorized	i person	-		
This document is executed	in accordance with section 605,0203 (1) (b), Fl	orida Statutes. I am aware that an	y false infor	mation	ļ
	the Department of State constitutes a third degr				

Andre Walker Typed or printed name of signee



STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Ted Vogt, Executive Director of the Arizona Corporation Commission, do hereby certify that

PS CIRCULATION LLC

a domestic limited liability company organized under the laws of the State of Arizona, did organize on the 11th day of March 2011.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said limited liability company is not administratively dissolved for fallure to comply with the provisions of A.R.S. section 29-601 et seq., the Arizona Limited Liability Company Act; and that the said limited liability company has not filed Articles of Termination as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 22nd day of March, 2017, A. D.



Ted Vogt / Executive Director

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he: 1621915



