

10/11/2017 10:00AM FAX

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10/5/2017

Division of Corporations

Florida Department of State

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLA, P.A.  
Account Number : 07535000514  
Phone : (727)442-1200  
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**Foreign Limited Liability Company  
NEWLINE MARKETING LLC**

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D. SCOTT

OCT 12 2017

# 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:

## 1. NEWLINE MARKETING 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 of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

## 2. WYOMING

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 32-0371725

(FEI number, if applicable)

4. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. in determining penalty liability)

## 5. 1245 COURT STREET

(Street Address of Principal Office)

SUITE 102

CLEARWATER, FL 33756

## 6. 1245 COURT STREET

(Mailing Address)

SUITE 102

CLEARWATER, FL 33756

## 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: ALAN S. GASSMAN, ESQ.

Office Address: 1245 COURT STREET, SUITE 102

CLEARWATER

(City)

Florida 33756

(Zip code)

## Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

## 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

(Use attachments if necessary)

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0903 (1) (b), Florida Statutes. I am 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.

(Signature of an authorized person)

ALAN S. GASSMAN, AS AUTHORIZED REPRESENTATIVE

(Typed or printed name of signer)

FILED  
2017 OCT - 5 AM 10:00  
TALLAHASSEE, FL  
CLERK OF CIRCUIT COURT

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(FEI number, if applicable)

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(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

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CLEARWATER, FL 33756

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Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

AUTH. REP.

ALAN S. GASSMAN

1245 COURT STREET, SUITE 102

CLEARWATER, FL 33756

(Use attachments if necessary)

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.02(1)(b), Florida Statutes. I am 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.

(Signature of an authorized person)

ALAN S. GASSMAN, AS AUTHORIZED REPRESENTATIVE

(Typed or printed name of signer)

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

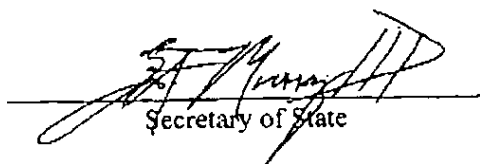
**Newline Marketing LLC**  
is a  
**Limited Liability Company.**

formed or qualified under the laws of Wyoming did on **February 29, 2012**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2012-000617793**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 9th day of October, 2017 at 11:18 AM. This certificate is assigned 024362529.



  
Secretary of State

FALL 2017

OCT - 5 A 9:39

FILED