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SECRETARY OF STATES

2818 APR -5 AM IC 41

J. HARRIS

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 145987 8085748

AUTHORIZATION

COST LIMIT : \$ 125.00

ORDER DATE: April 4, 2018

ORDER TIME : 10:27 AM

ORDER NO. : 145987-005

CUSTOMER NO: 8085748

FOREIGN FILINGS

NAME: LZ AD SALES LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

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:

foreign limited liability company is organized) (Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to determine the sections 605,0905		nber, if applicable)
	to registration.)	
		- 11 - 1 - 11-11-11-1
	6. 2790 N Federal Hwy, Su	uite 400
rpel Office)	(Mailing Ad	
431	Boca Raton, FL, US, 33-	*31 <u>\$1</u>
		<u> </u>
of Florida registered agent: (P.O. B.	av MOT acceptable)	75 75 mm
	ix <u>NOT</u> acceptable)	MA C
sorporation Service Company		
201 Hays Street		5 5 5
Tallahassee	, Florida 32301	
(City)	(Zip ec	ode)
y and address of the person(s) who	has/have authority to manage is/are:	Asst. Vice Presiden
	Title or Capacity:	Name and Address:
		
BOCA RATON FL 33431		
		
y)		
existence, no more than 90 days old which it is organized. (If the certificanitted)	ate is in a foreign language, a transla	
	Corporation Service Company 201 Hays Street Tallahassee (City) Acce: Acce: Acce: Acce: Acce: Acce: Acce: Acce: Acce: Acce: Acce: Acce: Acce: Acce: Acce	201 Hays Street Tallahassee , Florida 32301 (City) , Florida 32301 (Zip contects) Itered agent and to accept service of process for the above stated limited in, I hereby accept the appointment as registered agent and agree to accept all statutes relative to the proper and complete performance of my finite manage registered agent. (Registered agent's signature) y and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Marlene Lennox 2790 N FEDERAL HWY STE 400

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LZ AD SALES 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 FOURTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LZ AD SALES LLC" WAS FORMED ON THE NINTH DAY OF JANUARY, A.D. 2018.

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

6701970 8300

Authentication: 202448065

Date: 04-04-18