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COVER LETTER

Registration Section Division of Corporations

SHOIRET.	BullsEye Public A	ffairs, LLC				
SUBJECT:		Name of	Limited Liability	Company		
					ransact Business in Florida," C ty company to transact busines	
Please return	all correspondence	concerning this matter to the	following:			
	Henry Barboo	ır				
		.N	ame of Person			
	BullsEye Pub	lic Affairs, LLC				
	-	F	irm/Company		-	
	200 North Co	ngress, Suite 500				
			Address			
	Jackson, Miss	sissippi 39201				
		City/S	itate and Zip Code			
	bullseyepublica	affairs@gmail.com				
		E-mail address: (to be use	d for future annual	l report no	tification)	
For further in	nformation concerning	ng this matter, please call:				
Ma —	ry Hampton Nichol	as	601 at (948-60	020	
	Name o	of Contact Person	Area Code	Day	ytime Telephone Number	
Div Reg P.O	ision of Corporation istration Section . Box 6327 ahassee, Fl. 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section Building ceutive Center Circle see, FL 32301	
	check for the follow 125.00 Filing Fee	ving amount; ☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filir		☐ \$160.00 Filing Fee, Cert of Status & Certified Copy	ificate

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Office Address: Tampa	A 41 1 1 1	arrie adopted for the purpose of transacting busine	ss in Florida. The alterna	ite name must include "Eimited Liabi	ility Company," "L	L.C," or "LLC,"
(Date first transacted basiness in Florida, if prior to registration.) (See sections 693 9904 & 693 9905, F.S. to determine penalty labelity) 200 North Congress Street, Suite 500 1Street Address of Principal Office) Jackson, Mississippi 39201 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Jon Coley Office Address: Tampa (City) City) registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated limited liability company signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I comply with the provisions of all statutes elative to the proper and complete performance of my duties, and I am for ad accept the obligations of my position as registered agent. Name and Address: Title or Capacity: Name and Address: Same and Address: Title or Capacity: Name and Address: Same and Address: Title or Capacity: Name and Address: Same and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Same and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name and Address: Name and Address: Name and Address: Name and Address: Title or Capacity: Name and Address: Name and Address: Name and Address: Name and Address:		high foreign limited liability company is organized		(FEI numbe	er, if applicable)	
(See extended 60 9004 & 605 0005, F.S. to determine penalty labellity) 200 North Congress Street, Suite 500 Street Address of Principal Office) Jackson, Mississippi 39201 Jackson, Mi				,		
(See extended 60 0004 & 605 0005, F.S. to determine penalty liability) 200 North Congress Street, Suite 500 Street Address of Principal Office) Street Address of Principal Office) Jackson, Mississippi 39201 Ja		(Date fore reserved business in Flority of	programmen)			
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Jon Coley 6021 South 2nd Street Tampa (Cuy) gistered agent's acceptance: (Viating Address) (Cuy) gistered agent's acceptance: (Cuy) gistered agent and to accept service of process for the above stated limited liability company signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am for accept the obligations of my position at registered agent. (Registered agent's signature) 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: Title or Capacity: Name and Address: Sheet Suite 500		(See sections 605 0904 & 605 0905, F.S. to	determine penalty liabil	ity)		
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Jon Coley Office Address: Tampa Guy) gistered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated limited liability company signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am for discrept the obligations of my position as registered agent. (Registered agent's signature) 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: Title or Capacity: Name and Address Sheet Suite 500			6. <u>20</u>	-	• (1)	
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Office Address: Tampa	Name and <u>street addres</u>		o, nox <u>not</u> acce	ptable)		<u> </u>
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Tampa (City)	Office Address:	6021 South 2nd Street			ã:	သ္
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Manager Henry Barbour 200 North Congress Street Suite.500 Suite attachments if necessary)	iving been named as re signated in this applica comply with the provisi	tance: gistered agent and to accept service tion, I hereby accept the appointm ions of all statutes relative to the p s of my position as registered agen	ient as registered roper and compl	the above stated limited l agent and agree to act i	liability comp n this capacit	y. I further
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Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of rec isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate the translator must be submitted)	tving been named as resignated in this applicated in this applicated in this applicate comply with the provise discount the obligation. The name, title or capatitle or Capacity: Manager Ise attachments if neces.	tance: gistered agent and to accept service tion, I hereby accept the appointment ons of all statutes relative to the person of my position as registered agent (Registered agent (Registered agent)) Name and Address: Henry Barbour 200 North Congress Suite 500	roper and complete	the above stated limited is agent and agree to act is lete performance of my distributed in the control of the	liability comp n this capacit laties, and I at Name and /	y. I further m familiar Address:
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. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false info bmitted in a document to the Department of Stage constitutes a third degree felony as provided for in s.817.155, F.S.	aving been named as resignated in this applicated in this applicated accept the obligation. The name, title or capatitle or Capacity: Manager Attached is a certificate is diction under the law the translator must be sufficiently.	tance: gistered agent and to accept service tion, I hereby accept the appointments of all statutes relative to the person of my position at registered agent (Registeres acity and address of the person(s) was a new many many many many many many many many	egent's signature) who has/have auth Title	the above stated limited if agent and agree to act in lete performance of my district to manage is/are: ar Capacity:	Name and A	y. I further m familiar Address: frecords in icate under
Herry Burgers Signature of an authorized person	The name, title or caparities or Capacity: Manager Attached is a certificate is diction under the law the translator must be seen. This document is executive executions.	tance: gistered agent and to accept service tion, I hereby accept the appointment of all statutes relative to the person of all statutes relative to the person of my position at registered agent (Registered agent acity and address of the person of the person of the person of the person of existence, no more than 90 days of which it is organized. (If the certain the person of th	roper and complete	the above stated limited if agent and agree to act in lete performance of my discounting to manage is/are: or Capacity: ticated by the official haveign language, a translation orida Statutes. I am aware	Name and /	y. I further m familiar Address: frecords in icate under

Typed or printed name of signee



DELBERT HOSEMANN Secretary of State

Office of the Secretary of State Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

BULLSEYE PUBLIC AFFAIRS LLC

Registered the 8th day of August, 2018

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

200 North Congress Street Suite 500 Jackson, MS 39201

And that the registered agent at that address is:

Henry Barbour

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office the 13th day of August, 2018

C. DELBERT HOSEMANN. JR. Secretary of State

Certificate Number: CN18055743

Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx