## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H180003314363)))



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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : BUSINESS FILINGS Account Number : 105256001620 : (608)827-5300 Phone : (608)827-5501 Fax Number \*\*Enter the email address for this business entity to be used for 🖼 annual report mailings. Enter only one email address please. Email Address:\_ Foreign Limited Liability Company **BACKSEAT ADVERTISING LLC** Certificate of Status 0 Certified Copy 02 Page Count

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### Fax Audit H18000331436e3

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

	••	ECMBA		
IN COMPLIANCE WITH SEC COMPANY TO TRANSACT RE	TION 605 0012, FLORIDA STATUTES, THE . INNESS IN THE STATE OF FLORIDA	FOLLOWING IS SUBMITTED TO REGISTER A FOREIX	AN LIMITED LARILITY	
BACKSEAT AI	OVERTISING LLC			
(Name of For	eign Linuted Linbility Company; must inch.	de "Linuted Lishibity Company," "L.L.C., "or "[ L.C."	7	
(If name movailable, enter a	dicinate name adopted for the purpose of tra	usacting business in Florida. The alternate mane times	include "Limited	
Lisbility Company," "L.L.C. 5 Wyoming	, ot 11.C.11			
	of which foreign finated leability	82-4006220 (FEI mumber, if applicable)	*****	
<ol> <li>Upon Qualificati</li> </ol>				
	(Date liest nansacred frustness in F (See sections 605,090-) & 605 (0005)	lorula, if prior to registration.) F.S. to determine penalty liability;	<b>ॐ</b>	
<ol> <li>485 Specialty Po</li> </ol>	oint, Sanford, Florida 32771		APE 2	
	(Street Address of Princip	of Office)	RITH NOV 19 AM 8: 10 SECRETARY OF STATE ALLAHASSEE, FLORID	-
6. 485 Specialty Po	oint, Sanford, Florida 32771		388 787 <b>61</b>	F
				ורבט
	(Alailuig Addres	8)	F.S. 38	
7. Name and <u>street addres</u>	s of Florida registered agent: (P.O. Bo	N NOT acceptable)	ORI ORI	
Name;	Business Filings Incorporated	1	900	
Office Address;	1200 South Pine Island Road			
Dantara and a maneta and a		. Florida 33324 (Zip code)		
Registered agent's accep Huving been named as re		process for the above stated limited liability con	upany at the place	
lesignated in this applica	tion, I hereby accept the appointment t	us registered agent and agree to act in this capac r and complete performance of my duties, and I	city. I further agree	
accept the obligations of i	ary position as revisiered agent.	Mark Williams, A.V.P.,	an janunur wan sud	
	Mable	Business Filings Incorporated		
	(Registered ag	ent's signature)		
8. The name, title or capa	ncity and address of the person(s) who h	as lave authority to manage is are:		
Member: Margaret	Potillo, 210 Specialty Point, Sa	ınford, Florida 32771		
and a property of the state of		. — 4-4	<del></del>	
		, duly authenticated by the official having custody ite is in a foreign language, a translation of the cer		
of the translator must be sa	(bnutted)	/		
	Mayare	Tokolo		
	Signature of an e			

This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes, I am assure that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 5,817,155. F.S.

Margaret Potillo, Member

Typed or printed name of signer

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

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

#### BACKSEAT ADVERTISING LLC

**Limited Liability Company** 

formed or qualified under the laws of Wyoming did on January 12, 2018, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2018-000784361.

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 19th day of November, 2018 at 9:31 AM. This certificate is assigned 028735223.

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Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.