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## COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	Weider Publications, LLC
	Name of Limited Liability Company
	used "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of e, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please	turn all correspondence concerning this matter to the following:
	Margie Corbin
	Name of Person
	American Media, Inc.
	Firm/Company
	1000 American Media Way
	Address
	Boca Raton, FL 33464
	City/State and Zip Code
	mcorbin@amilink.com
	E-mail address: (to be used for future annual report notification)
For fur	er information concerning this matter, please call:
	Margie Corbin 561 989-1335
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclos	is a check for the following amount:  S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy

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

IN COMPILANCE 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:

Delaware		THE TOTAL STATE STATE STATE STATE STATE STATES	ed Liability Company," "L.L.C," or "LLC.")
		3. 75-3091848	
(Jurisdiction under the law of v	hich foreign limited liability company is organized)		number, if applicable)
10/22/2018			
	(Date first transacted business in Florida, if pa (See acctions 605,0904 & 605,0905, F.S. to 6	nor to registration.) letermine penalty liability)	
1350 E. Newport Cen		6. 1000 American Media	Way
(Street Address of	Principal Office)	(Mailing	g Address)
Decrfield Beach, FL 3	3442	Boca Raton, FL 33464	
	American transfer of the control	D 1000	<b>ಹ</b>
Name and street addre	ss of Florida registered agent: (P.O.	Box NOT acceptable)	9
Name:	C T Corporation System	<del></del>	<u> </u>
Office Address:	1200 South Pine Island Road		<b></b>
011100 / 1001 000.		<del></del>	
		7777	<del>-</del> 0
	Plantation	, Florida 33324	<del>\</del> \ \tag{5}
ving been named as re ignated in this applica comply with the provis	otance: egistered agent and to accept service tion, I hereby accept the appointme tions of all statutes relative to the pro s of pryposition as registered agent.	z of process for the above stated lim nt as registered agent and agree to oper and complete performance of	nited liability company at the pi act in this capacity. I further
aving been named as resignated in this application comply with the provis	otance: egistered agent and to accept service tion, I hereby accept the appointme ions of all statutes relative to the pro s of psyposition as registered agent.  Bree	ziof process for the above stated lim int as registered agent and agree to oper and complete performance of	nited liability company at the pi act in this capacity. I further
aving been named as re signated in this applica comply with the provis d accept the obligation The name, title or cap	otance: egistered agent and to accept service ation, I hereby accept the appointme ions of all statutes relative to the pre s of my position as registered agent.  (Registered agent acity and address of the person(s) whe	e of process for the above stated liming as registered agent and agree to oper and complete performance of a Zahner, Assistant Secretary lent's signature) so has/have authority to manage is/ai	act in this capacity. I further my duties, and I am familiar w
signated in this applicated comply with the provised accept the obligation.  The name, title or caparity:	otance: egistered agent and to accept service stion, I hereby accept the appointme ions of all statutes relative to the pre s of pry position as registered agent.  (Registered ag	c of process for the above stated liment as registered agent and agree to oper and complete performance of e Zahner, Assistant Secretary tent's signature)  so has/have authority to manage is/at Title or Capacity:	act in this capacity. I further my duties, and I am familiar w
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Typed or printed name of signee

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

DELAWARE, DO HEREBY CERTIFY "WEIDER PUBLICATIONS, 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 SECOND DAY OF NOVEMBER, A.D. 2018.

Authentication: 203828518

Date: 11-02-18