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01/04/18 00:04 min *** ***

2019 FEB - 5 AH 8:40

M. MILLIGAN FEB 0 5 2019

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:

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
American News Company, LLC	
(Name of Foreign Limited Liability Company; must include "Lin ANC - American News Company, LLC	nied Clability Company," "L.L.C.," or "LLC.")
	Florida. The alternate name must include "Limited Liability Company," "L L C," or "LLC.")
2. Dclaware	92-23914J7
(Junadiction under the law of which foreign hinted liability company is organized)	(FEI number, if applicable)
4 Upon filing.	
(Date first transacted business in Florida, if pro- (See sections 905,0904 & 605,0905, F.S. to det	T to registration.)
5. 1350 TIZADE POZT DIZNE	6. 1350 TRADEPOIRT DRIVE
(Street Address of Principal Office)	(Mailing Address)
EVA HINDU FT 32854	(CKANDU) FG 52834
7.3	
7. Name and street address of Florida registered agent: (P.O. B	iox NOT acceptable)
Name: JERRY A HEYOVI	CK D. 题 T
Office Address: 1350 TRASEPOR	ETT DRIVE
Office Address: 1990 11219 EPCE	
OKIANDO	Florida (Zp code)
Registered agent's acceptance:	(Zpp code)
to comply with the provisions of all statutes relative to the propand accept the obligations of my position as registered agent. By:	I as registered agent and agree to act in this capacity. I further agree our and complete performance of my duties, and I am familiar with
(Registered agen	t'e signature)
8. The name, title or capacity and address of the person(s) who Title or Capacity: Name and Address: DC Marager 1350 17:30 30:00 1350 17:30 30:00 1350 17:30 30:00	has/have authority to manage is/are: Title or Capacity: Name and Address:
Office Marxiger Amerilys (Ast)	201 to 1
(Use attachments if necessary)	
 Attached is a certificate of existence, no more than 90 days old urisdiction under the law of which it is organized. (If the certific of the translator must be submitted) 	d, duly authenticated by the official having custody of records in the ate is in a foreign language, a translation of the certificate under oath
0. This document is executed in accordance with section 605.02 ubmitted in a document to the Department of State constitutes a t	03 (1) (b), Florida Statutes. I am aware that any false information third degree felony as provided for in s.817.155, F.S.
- infant The State with	har.

Typed or printed name of signes

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "AMERICAN NEWS COMPANY, 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 SEVENTEENTH DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMERICAN NEWS COMPANY, LLC" WAS FORMED ON THE THIRTIETH DAY OF OCTOBER, A.D. 2018.

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

Authentication: 204119682

Date: 12-17-18

12:58 Update Payment 01/23/19
DEP Page 0001/0001

Deposit Number	: 01/04/19 0102	4 016	Deposit Amount :	160.00
Account Number	•		Deposit Balance:	0.00
Refund Request Date	: :		Debit Memo Date:	
Refund Mail Date	*		Void Date:	
Refund Amount	: 0.00		User ID : M	SIMMONS
Requester	:			
	·		DOC Page	e 0001/0001
Tracking Number	: 000322456230		Document Number: 0	00322456230
Ledger Date	: 01/04/19		Sub Account Number:	
Document Requester				

CategoryDescriptionAmountCERTCERTIFICATION35.00CFALL CORP FILING FEES125.00

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REQUESTOR:

DATE: 01/04/2019

COVER LETTER

TQ:

TQ:	Registration Section Division of Corporation	is					
SUBJE	CCT:	Name of L	imited Liability Company				
The en	closed "Application by For	eign Limited Liability Comp d to register the above refere	any for Authorization to Tra nced foreign limited liability	nsact Business in Florida," Certificate of company to transact business in Florida.			
Please	return all correspondence c	oncerning this matter to the	following:				
	JERRY	HA Hendric	ik Ja.				
		Na Na	me of Person				
Firm/Company							
	<u> 1350 T</u>	TRADEPOIRT	DiZ (VE				
Cicuanito, Flore Did 32804 City/State and Zip Code Cherolyick @ Inicy Com E-mail address: (to be used for future annual report notification)							
	CLIPETERVIE	E-mail address: (to be used	for future annual report not	ification)			
For fur	ther information concernin						
	JERRY A. I	Crylrick 52 of Contact Person	at (CCH) HO)	time Telephone Number			
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	:	Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding secutive Center Circle ce, FL 32301			
Enclos	ed is a check for the follow \$125.00 Filing Fee	ing amount: \$\Bigsim \text{\$\exitin{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exititt{\$\text{\$\}}}}}}}}}} \end{length}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy			