

MI9000001398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

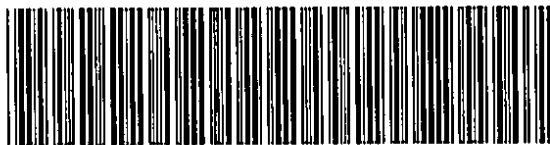
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Assign W19-9872

Office Use Only



800323213848

01/25/19--01013--014 \*\*125.00

FILED  
19 FEB - 7 AM 7:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

O SIMMONS  
FEB 17 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 30, 2019

CHRISTINE FRIES  
2646 SW MAPP RD, STE 203  
PALM CITY, FL 34990

SUBJECT: NEXXGEN NEWS LLC  
Ref. Number: W19000009872

We have received your document for NEXXGEN NEWS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 319A00002219

2019 FEB -7 11:00:07

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** NEXXGEN NEWS LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

CHRISTINE FRIES  
Name of Person

CPA ASSOCIATES LLP  
Firm/Company

2646 SW MAPPLE RD STE 203  
Address

PALM CITY FL 34990  
City/State and Zip Code

CFRIES@CPA-ASSOCIATESLLP.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTINE FRIES at 772-288-3797  
Name of Contact Person      Area Code      Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- |   |   |  |   |
|---|---|--|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$160.00 Filing Fee, Certificate<br>of Status & Certified Copy |
|---|---|--|---|

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:

1. NEXXGEN NEWS LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC")

2. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-3211138

(FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 1655 PALM BEACH LAKES BLVD STE 903  
(Street Address of Principal Office)

WEST PALM BEACH FL 33401

6. 1655 PALM BEACH LAKES BLVD STE 903  
(Mailing Address)

WEST PALM BEACH FL 33401

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: WILLIAM J MCENTEE III

Office Address: 1655 PALM BEACH LAKES BLVD STE 903

WEST PALM BEACH

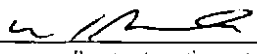
(City)

, Florida 33401

(Zip code)

**Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

8. 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:**

MGR/MBR

GEN MEDIA PARTNERS LLC


1655 PALM BEACH LAKES BLVD STE 903

WEST PALM BEACH FL 33401

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
Signature of an authorized person

WILLIAM J MCENTEE III

Typed or printed name of signer

FILED  
FEB - 7 AM 7:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "NEXXGEN NEWS 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 JANUARY, A.D. 2019.



Jeffrey W. Bullock, Secretary of State

7241318 8300

SR# 20190331553

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202101545

Date: 01-17-19