

M19000004508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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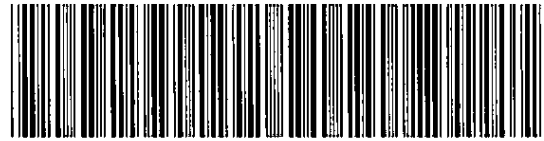
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 MAY -6 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 06 2019

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lifestyle Publications, 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:

DeLond Shore

Name of Person

Lifestyle Publications, LLC

Firm/Company

514 W 20th St Ste 1S

Address

Kansas City, MO 64108-2439

City/State and Zip Code

delond@lifestylepubs.com

Official address (to be used for future annual report notification)

For further information concerning this matter, please call

DeLond Shore

913

954-8035

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6127
Tallahassee, FL 32314

STREET ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy



\$160.00 Filing Fee, Certificate
of Status & Certified Copy

REC-11-11342

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Lifestyle Publications, LLC

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

Lifestyle Media Partners, LLC

(If trade name or other identifier used adopted for the purpose of transacting business in Florida, must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Kansas

50-0428612

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

(F.T.D. number if applicable)

4. March 1, 2019

(Date first transacted business in Florida, if prior to registration)
(See sections 605.004 & 605.005, F.S., to determine penalty liability)

5. 514 W 26th St

(Street address for principal office)

6. 514 W 26th St Ste 115

(Mailing address)

Kansas City, MO 64108-2439

Kansas City, MO 64108-2439

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

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loveland, Ohio

Florida

33470

(City)

(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.

Patricia Sillyman on behalf of InCorp Services, Inc.

(Registered agent's signature)

2019 MAY -6 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

FILED

2019 MAY -6 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

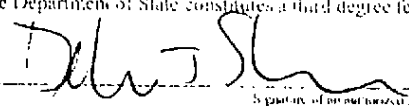
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: DeLand Shore	☐ Manager	Name: _____
☐ Member	Address: 514 W 26th St	☐ Member	Address: _____
☒ Authorized	Kansas City, MO 64108	☐ Authorized	_____
Person	_____	Person	_____
☒ Other CFO	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: Steven Schowengert	☐ Manager	Name: _____
☒ Member	Address: 514 W 26th St	☐ Member	Address: _____
☐ Authorized	Kansas City, MO 64108	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: Matthew Perry	☐ Manager	Name: _____
☒ Member	Address: 514 W 26th St	☐ Member	Address: _____
☐ Authorized	Kansas City, MO 64108	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 605.020(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 817.135, F.S.



Signature of authorized person

DeLand J. Shore, CFO

Typed or printed name of signer

STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
SCOTT SCHWAB

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office,

Business Entity ID Number: 6296040

Entity Name: LIFESTYLE PUBLICATIONS, LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: DeLand J Shore

Registered Office: 17505 W 66th Ter, SHAWNEE, KS 66217

was filed in this office on December 01, 2008, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of April 23, 2019

SCOTT SCHWAB
SECRETARY OF STATE

Certificate ID: 1099662 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.