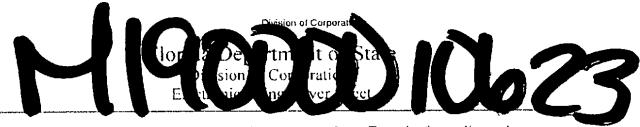
10/30/2019



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company TV WESTON TOWER, LLC

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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 POREKIN LIMITED LIABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA-TV Weston Tower, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.l. C," o: "LLC") If terms unavailable, ener altereste stene accepted for the purpose of transacting business in Florida. The afternate motion must worked Lindblity Company," "LLC," or "LLC." (FEI munber, if applicable) (far indiction under the law of which foreign finited liability company is organized) 10/1/2019 (Date that transacted business in Florida, if prior to registration | // Ser rections 605,0908 & 605,0905, F.S. to determine penalty liability) 495 Tennessee Street Suite 152 5. (Street Addiess of Principal Office) Memphis, TN 38103 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation

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.

C T Corporation System By:	Kimberly Laughrey Assistant Secretary
degisted d speru	's signature)

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]:

Title or Canacity;	Name and Address:	Title or Capachy:		
⊠Manager	Name: William Orgel	Manuger	Name: Steve Chandler	
Member	Address: 495 Tennessee Street Suite 152	Member	Address: 495 Tennessee St	reet Suite 152
Authorized	Memphis, TN 38103	Authorized	Memphis, TN 38103	
Person		Person		
Other	Other	Other	Other	
⊠Manager	Name:	⊠ Manager	Name: Craig Royal	
Member	Address: 495 Tennessee Street Suite 152	☐ Member	Address: 495 Tennessee Si	
Authorized	Memphis, TN 38103	Authorized	Memphis, TN 38103	
Person		Person		
Other	Other	Other	Other	181
⊠ Manager	Name: Jay Lindy	☐ Manager	Name:	<u> </u>
Member	Address: 495 Tennessee Street Suite 152	Member	Address:	, , ,
Authorized	Memphis, TN 38103	Authorized		1;
Person	, a , , , , , , , , , , , , , , , , , ,	Person		<u> </u>
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 outh 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.

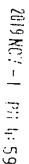
1	Mahle	Suprature of an authorized person
Tyler Kahle		Typed or printed merge of signice



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TV WESTON TOWER, 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 THIRTIETH DAY OF OCTOBER, A.D. 2019.

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



7228251 8300 SR# 20197818413

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203900361

Date: 10-30-19