

M19 0000 11738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

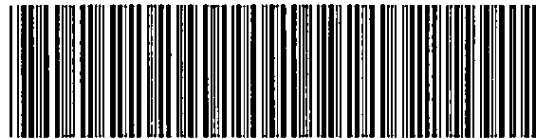
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600335926706

10/28/19--01027--020 \*\*125.00

FILED  
2019 DEC 11 PM 12:14  
CLERK OF STATE  
TREASURY DEPARTMENT

CE  
12-12-19



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 1, 2019

BERNADINE B. TRIPP  
2131 AYRSLEY TOWN BLVD., SUITE 300  
CHARLOTTE, NC 28273

SUBJECT: 3WXTX, LLC  
Ref. Number: W19000096531

We have received your document for 3WXTX, 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):

Please list the complete principal office address.

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) 245-6939.

Tammi Cline  
Regulatory Specialist III

Letter Number: 019A00022581

2019 DEC 11 PM 12:14  
CLERK OF STATE  
TAMMIE CLINE  
FLOP101

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: American Spirit Media, 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:

Bernadine B. Tripp

Name of Person

American Spirit Media, LLC

Firm/Company

2131 Ayrsley Town Blvd., Suite 300

Address

Charlotte, NC 28273

City/State and Zip Code

btripp@ayrsley.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bernadine B. Tripp

Name of Contact Person

at ( 704 )

Area Code

643-4148

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:

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

2013 DEC 11 PM 12:14  
TALLAHASSEE, FL 32301  
CLERK OF STATE

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

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

2. Delaware 3. 74-3102672  
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 2131 Ayrsley Town Blvd., Suite 300 2131 Ayrsley Town Blvd., Suite 300  
(Street Address of Principal Office) (Mailing Address)  
Charlotte, NC 28273 Charlotte, NC 28273

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(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.

Lisa D. DuBois, Assistant Secretary  
(Registered agent's signature)


*Lisa D. DuBois*

2019 DEC 1 PM 12:14  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Title or Capacity:		Name and Address:		Title or Capacity:		Name and Address:	
<input checked="" type="checkbox"/> Manager	Name: <u>Thomas B. Henson</u>	<input type="checkbox"/> Manager	Name: <u>Bernadine B. Tripp</u>	<input checked="" type="checkbox"/> Member	Address: <u>2131 Ayrsley Town Blvd.</u>	<input type="checkbox"/> Member	Address: <u>2131 Ayrsley Town Blvd.</u>
<input checked="" type="checkbox"/> Member	Address: <u>Suite 300</u>	<input type="checkbox"/> Member	Address: <u>Suite 300</u>	<input checked="" type="checkbox"/> Authorized	<u>Charlotte, NC 28273</u>	<input type="checkbox"/> Authorized	<u>Charlotte, NC 28273</u>
<input type="checkbox"/> Authorized	<u>Charlotte, NC 28273</u>	<input checked="" type="checkbox"/> Authorized	<u>Charlotte, NC 28273</u>				
Person		Person	<u>Corporate Secretary</u>				
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____	Person	_____	Person	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____	Person	_____	Person	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____

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.

Continued to the Department of State constitutes a third degree felony as provided for in § 817.

  
Signature of an authorized person

Bernadine B. Tripp, Corporate Secretary

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMERICAN SPIRIT MEDIA, 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 TWENTY-SEVENTH DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMERICAN SPIRIT MEDIA, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF APRIL, A.D. 2003.

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



3649243 8300

SR# 20198330207

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204096484

Date: 11-27-19