

12/23/2019

Division of Corporations

MA9000 12173

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To:

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.****

Email Address: _____

Foreign Limited Liability Company
Premion, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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2019 DEC 23 PM 12:55

**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. Premion, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")
2. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 84-3876858
(PFI number, if applicable)
4. Upon Qualification
(Date first transacted business in Florida, if prior to registration)
(For sections 605.0901 & 605.0905, F.S. to determine penalty liability)
5. 8350 Broad Street
(Street Address of Principal Office)
Suite 2000
Tysons, VA 22102
6. 8350 Broad Street
(Mailing Address)
Suite 2000
Tysons, VA 22102

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.

By: Margaret E. Routzahn
(Registered agent's signature)

Margaret E. Routzahn
Assistant Vice President

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>
<input type="checkbox"/> Manager	Name: <u>Jim Wilson - President</u>	<input type="checkbox"/> Manager	Name: <u>David T. Lougee - VP</u>
<input checked="" type="checkbox"/> Member	Address: <u>8350 Broad Street,</u>	<input checked="" type="checkbox"/> Member	Address: <u>8350 Broad Street,</u>
<input type="checkbox"/> Authorized	<u>Suite 2000 Tysons, VA 22102</u>	<input type="checkbox"/> Authorized	<u>Suite 2000 Tysons, VA 22102</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Lynn Beali - VP</u>	 <input type="checkbox"/> Manager	Name: <u>Tom Cox - VP</u>
<input checked="" type="checkbox"/> Member	Address: <u>8350 Broad Street,</u>	<input checked="" type="checkbox"/> Member	Address: <u>8350 Broad Street,</u>
<input type="checkbox"/> Authorized	<u>Suite 2000 Tysons, VA 22102</u>	<input type="checkbox"/> Authorized	<u>Suite 2000 Tysons, VA 22102</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Akin S. Harrison - Secretary</u>	 <input type="checkbox"/> Manager	Name: <u>John Janedis - Treasurer</u>
<input checked="" type="checkbox"/> Member	Address: <u>8350 Broad Street,</u>	<input checked="" type="checkbox"/> Member	Address: <u>8350 Broad Street,</u>
<input type="checkbox"/> Authorized	<u>Suite 2000 Tysons, VA 22102</u>	<input type="checkbox"/> Authorized	<u>Suite 2000 Tysons, VA 22102</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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 605.0203 (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.

Akin S. Harrison

Signature of an authorized person

Akin S. Harrison

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 "PREMION, 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 TWENTIETH DAY OF DECEMBER, A.D. 2019.

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

2019-12-23 14:59:50

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

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SR# 20198792094

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

Authentication: 204273518

Date: 12-20-19