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DATE:

5/18/20

NAME:

DIRECT HOLDINGS AMERICAS LLC

TYPE OF FILING: APPLICATION

COST:

155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

Registration Section Division of Corporations

TO:

COVER LETTER

oplication by Foreign Limited Liability (Name of Person Firm/Company
eck are submitted to register the above recorrespondence concerning this matter to Christina Pasquarelli Direct Holdings Americas LLC	eferenced foreign limited liability company to transact business in Florid the following: Name of Person Firm/Company
Christina Pasquarelli Direct Holdings Americas LLC	Name of Person Firm/Company
Direct Holdings Americas LLC	Firm/Company
	Firm/Company
	, .
8260 Willow Oaks Corporate, Suite 500	, .
8260 Willow Oaks Corporate, Suite 500	0
	Address
Fairfax, VA 22031	
Ci	ty/State and Zip Code
hristina.pasquarelli@timelife.com	
E-mail address: (to be	used for future annual report notification)
ation concerning this matter, please call	:
Name of Contact Person	at () Area Code Daytime Telephone Number
Address:	Street Address:
	Registration Section Division of Corporations
	The Centre of Tallahassee
	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303
is a check for the following amount:	DELLEVE OF CO. CO.
O Filing Fee \$130.00 Filing Fee Certificate of	& 🗏 \$155.00 Filing Fee & 🗆 \$160.00 Filing Fee, Certificate
	hristina.pasquarelli@timelife.com E-mail address: (to be lation concerning this matter, please call lation concerning this matter, please call lation Section lation

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Direct Holdings Americas LLC

	name adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited Liability Company," "L.L.C." or "
Delaware		13-2861045
(Jurisdiction under the law of v	which foreign limited liability company is organized)	3(FEI number, if applicable)
Upon Registration		
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin	gistration.) e penalty liability)
8260 Willow Oaks Co		8260 Willow Oaks Corporate Drive
eet Address of Principal Office)		6. (Mailing Address)
Suite 500		Suite 500
Fairfax, VA 22031		Fairfax, VA 22031
Name and <u>street addre:</u> Name:	Paracorp Incorporated	NOT acceptable)
Office Address:	155 Office Plaza Drive, 1st Floor	100 - 100 -
	Tallahassee (City)	ີ້- 32301 , Florida
	(Circl)	(Zip code)

(Registered agent'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 Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Marshall Watson	□Manager	Name: Theodore MacKinney
□Member	Address: 8260 Willow Oaks Corp. Dr.	□Member	Address: 8260 Willow Oaks Corp. Dr.
■ Authorized	Suite 500	据Authorized	Suite 500
Person	Fairfax, VA 22031	Person	Fairfax, VA 22031
□Other	Other	Other	Other
□Manager	Name: Allen Shapiro	□Manager	Name: Mike Mahan
□Member	Address: 8260 Willow Oaks Corp. Dr.	□Member	Address: 8260 Willow Oaks Corp. Dr.
■ Authorized	Suite 500	≡ Authorized	Suite 500
Person	Fairfax, VA 22031	Person	Fairfax, VA 22031
□Other	Other	Other	Other ©
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
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 605.0203 (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.

Ted Mackinney	
Signature of an authorized person	
Ted A. MacKinney, COO/CFO	

Typed or printed name of signee

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 05/18/2020

ENTITY NAME: Direct Holdings Americas LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DIRECT HOLDINGS AMERICAS 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 FIFTEENTH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DIRECT HOLDINGS

AMERICAS LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF MAY, A.D. 1976.

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

Authentication: 202940172

Date: 05-15-20

824958 8300 SR# 20203989528