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	(Requestor's Name)	
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	(City/State/Zip/Phone #)	
PICK-U	P WAIT	MAIL
	(Business Entity Name)	
(Document Number)		
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TO:	Registration Cetion Division of Cerporations	·	
- 1 p			
SUBJE	ION Station Leases, LLC		
	1	Name of Limited Liability Company	
The end Existen	closed "Application by Foreign Limited Liabi ice, and check are submitted to register the ab	ility Company for Authorization to Transact Business in Florida," pove referenced foreign limited liability company to transact busin	Certificate of less in Florida.
Please	return all correspondence concerning this mat	tter to the following:	
	ATTN: Legal/Claudine Guercio		
		Name of Person	
	ION Media Networks		
		Firm/Company	
	601 Clearwater Park Road		F- 1 L- 20
		Address	ا : الله
	West Palm Beach, FL 33401	7-18-13 1-18-15-15-15-15-15-15-15-15-15-15-15-15-15-	20
		City/State and Zip Code	平门
	CorporateRecords@ionmedia.com	ر بر المبر المبرات مرتز تواد	2: 28
	E-mail address: (to be used for future annual report notification)	i on
For furt	ther information concerning this matter, pleas	se call:	
	Claudine Guercio	561 682-4489 at ()	
	Name of Contact Person	Area Code Daytime Telephone Number	
	Mailing Address:	Street Address:	
	Registration Section	Registration Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327.	The Centre of Tallahassee	
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
		Tallahassee, FL 32303	
	Please make check payable to: FLORIDA	DEPARTMENT OF STATE	
	■ \$125.00 Filing Fee	g Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, (ate of Status Certified Copy of Status & Certified Copy	

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:

(Name of Foreign	Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "LLC.")	.		
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flor	rida. The alternate name must include "Limited Liabilit	y Company," "L.L.C," or "LLC.")		
Delaware 2. (Jurisdiction under the law of which foreign limited liability company is organized)		84-3329377			
(men roccign mineed naturnly company is digamized)	(FEI number, II	applicable)		
4	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determin	gistration.)	2020		
601 Clearwater Park Road 5.		601 Clearwater Park Road	7020 JUL (
(Street Address of Principal Office)		6. (Mailing Address)	200 B		
West Palm Beach, FL 33401		Attn: Legal Dept	A P		
		West Palm Beach, FL 33401	2: 28 DATE:		
7. Name and street addres	ss of Florida registered agent: (P.O. Box	<u>NOT</u> acceptable)			
Name:	Jayne Berger				
Office Address:	601 Clearwater Park Road				
	West Palm Beach	33401 , Florida			
	(Cry)	(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.

(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: R Brandon Burgess	□Manager	Name: ION Media Stations, Inc.
□Member	Address: 601 Clearwater Park Road	■Member	Address: 601 Clearwater Park Road
□Authorized	West Palm Beach, FL 33401	□Authorized	West Palm Beach, FL 33401
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address: 810 7th Avenue	□Member	Address: 50 8
■ Authorized	31st Floor	□Authorized	Address: To B
Person	New York, NY 10019	Person	20
Other	Other	Other	□Other →
			2: 28 LURIE
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□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. Nonindexed 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.

D'A	cL.	
	Signature of an authorized person	
David Christman		
	Typed or printed name of signee	

Page 1

Delaware The First State

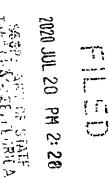
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ION STATION LEASES, 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 THIRTEENTH DAY OF JULY, A.D. 2020.





Authentication: 203269485

Date: 07-13-20

7646170 8300 SR# 20206096323

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