

M24000007494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

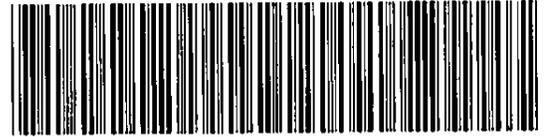
(Business Entity Name)

(Document Number)

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K. Brumbley

MS

**CT CORP**  
**(850) 656- 4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 06/12/2024

Acc#120160000072

*eric DJW*

Name:	Range Media Partners, LLC
Document #:	
Order #:	15638295

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
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 Ref# \_\_\_\_\_

Amount: \$ 155.00

Thank you!



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. Range Media Partners, LLC
(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 Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)
3. 85-1685907 (FEI number, if applicable)

4. September 3, 2020 (Date first transacted business in Florida, if prior to registration. (See sections 605.0904 & 605.0905, F.S. to determine penalty liability))

5. 2425 Michigan Avenue (Street Address of Principal Office)
Santa Monica, CA 90404
6. 15024 SW 13th Court (Mailing Address)
Sunrise, FL, 33326
Attn: William Stevens

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

Name: C T Corporation System

Office Address: 1200 S Pine Island Rd #250

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.

Laura R Broderick (Registered agent's signature)
Laura R Broderick, Asst. Secretary

2021 JUN 11 2 11 PM EST

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:**  
 Manager                      Name: Robert G. Whittel  
 Member                      Address: 4876 SW 95th Terrace  
 Authorized                      Gainesville, FL 32608  
Person  
 Other                       Other

**Title or Capacity:**                      **Name and Address:**  
 Manager                      Name: Peter Micelli  
 Member                      Address: 1553 Tower Grove Road  
 Authorized                      Beverly Hills, CA 90210  
Person  
 Other                       Other

Manager                      Name: John Whigham  
 Member                      Address: 2617 4th Street  
 Authorized                      Santa Monica, CA 90210  
Person  
 Other                       Other

Manager                      Name: David Bank  
 Member                      Address: 235 E 45th St.  
 Authorized                      New York, NY 10017  
Person  
 Other                       Other

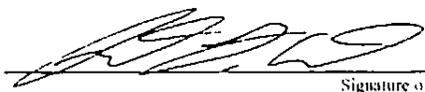
Manager                      Name: Tripp Shriner  
 Member                      Address: 31 Meridian Road  
 Authorized                      Norwalk, CT 06853  
Person  
 Other                       Other

Manager                      Name: David Thibodeau  
 Member                      Address: 133 Myrtle Street  
 Authorized                      Boston, MA 02114  
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.

  
\_\_\_\_\_  
Signature of an authorized person

Robert Whittel  
\_\_\_\_\_  
Typed or printed name of signer

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:

Manager              Name: Richard Hess

Member                      Address: 2652 Westridge Road

Authorized              Los Angeles, CA 90049

Person \_\_\_\_\_

Other \_\_\_\_\_               Other \_\_\_\_\_

Title or Capacity:                      Name and Address:

Manager              Name: \_\_\_\_\_

Member                      Address: \_\_\_\_\_

Authorized              \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_               Other \_\_\_\_\_

Manager              Name: \_\_\_\_\_

Member                      Address: \_\_\_\_\_

Authorized              \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_               Other \_\_\_\_\_

Manager              Name: \_\_\_\_\_

Member                      Address: \_\_\_\_\_

Authorized              \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_               Other \_\_\_\_\_

Manager              Name: \_\_\_\_\_

Member                      Address: \_\_\_\_\_

Authorized              \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_               Other \_\_\_\_\_

Manager              Name: \_\_\_\_\_

Member                      Address: \_\_\_\_\_

Authorized              \_\_\_\_\_

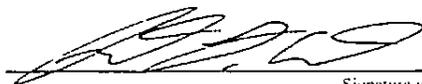
Person \_\_\_\_\_

Other \_\_\_\_\_               Other \_\_\_\_\_

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 \_\_\_\_\_  
 Signature of an authorized person

Robert Whittel  
 \_\_\_\_\_  
 Typed or printed name of signer

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RANGE MEDIA PARTNERS, 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 ELEVENTH DAY OF JUNE, A.D. 2024.

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



  
Jeffrey W. Bullock, Secretary of State

3161610 8300

SR# 20242841557

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

Authentication: 203683024

Date: 06-11-24