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Division of Corporations

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company  
BULLHORN ADVERTISING, LLC

Certificate of Status	0
Certified Copy	1
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# 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. BULLHORN ADVERTISING 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. Kentucky 3. SS-1340064  
(Jurisdiction under the law of which foreign limited liability company is organized.) (F.T.I. number, if applicable)

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

5. 1935 S. Hurstbourne Parkway 6. 555 Metro Place N.  
(Street Address of Principal Office) (Mailing Address)  
#1111 Suite 650  
Louisville, KY 40220 Dublin, Ohio 43017

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 33324  
(City) (Zip code)  
Florida

## 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: SEAN L. EMLRICK, ASSISTANT SECRETARY SEAN L. EMLRICK  
(Registered agent's signature)

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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 checked="" type="checkbox"/> Manager	Name: John R. Topits	<input checked="" type="checkbox"/> Manager	Name: Patrick Jensen
<input type="checkbox"/> Member	Address: 555 Metro Place N.	<input type="checkbox"/> Member	Address: 191 N. Wacker
<input type="checkbox"/> Authorized	Suite 650	<input type="checkbox"/> Authorized	Suite 800
Person	Dublin, OH 43017	Person	Chicago, IL 60606
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name: Jeffrey W. Vranek	<input checked="" type="checkbox"/> Manager	Name: Lisle A. Greenweller
<input type="checkbox"/> Member	Address: 191 N. Wacker	<input type="checkbox"/> Member	Address: 555 Metro Place N.
<input type="checkbox"/> Authorized	Suite 800	<input type="checkbox"/> Authorized	Suite 650
Person	Chicago, IL 60606	Person	Dublin, OH 43017
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other Officer/COO	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Richard J. Schweikert	<input type="checkbox"/> Manager	Name: Brad Sipes
<input type="checkbox"/> Member	Address: 555 Metro Place N.	<input type="checkbox"/> Member	Address: 1935 S. Hurstbourne Lane
<input type="checkbox"/> Authorized	Suite 650	<input type="checkbox"/> Authorized	#1111
Person	Dublin, OH 43017	Person	Louisville, KY 40220
<input checked="" type="checkbox"/> Other Officer/CFO	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other Officer/President	<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.

DocuSigned by  
  
 308272121BC8412

Signature of an authorized person

Lisle A. Greenweller

Typed or printed name of signer

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Certificate of Existence**

Authentication number: 317440

Visit <https://web.sos.ky.gov/itshow/certvalidate.aspx> to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

**BULLHORN ADVERTISING LLC**

BULLHORN ADVERTISING LLC is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is December 3, 2020 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 14<sup>th</sup> day of August, 2024, in the 233<sup>rd</sup> year of the Commonwealth.



*Michael G. Adams*

Michael G. Adams  
Secretary of State  
Commonwealth of Kentucky  
317440/1122916