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COVER LETTER

TO:

Registration Section

Div	ision of Corporations					
our man	PRIORITY FINANCIAL, LLC					
SUBJECT:	Name	of Limited Liability Co.	mpany			
The enclosed Existence, an	1 "Application by Foreign Limited Liability Code check are submitted to register the above r	Company for Authorization company for Authorization company for Authorization company for the company for Authorization for Authoriz	on to Transact Business in Florida," Certificate of I liability company to transact business in Florida.			
Please return	all correspondence concerning this matter to	the following:				
	SARAH WALLACE					
		Name of Person				
	PRIORITY FINANCIAL, LLC					
		Firm/Company				
	1267 COURTHOUSE ROAD, SUITE	201				
	·	Address				
	STAFFORD, VA 22554					
	Ci	ty/State and Zip Code				
	DOCS@PRIORITYFIN.COM					
	E-mail address: (to be	used for future annual re	eport notification)			
For further in	nformation concerning this matter, please cal	1:				
RIC	CHARD WALLACE	240 at ()	832-9000			
-	Name of Contact Person	Area Code	Daytime Telephone Number			
	iling Address:	Street Address:				
	gistration Section	The state of the s				
	vision of Corporations	Division of Corporations				
	D. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				
1 a	llahassee, FL 32314	Tallahassee, FL				
Ple	closed is a check for the following amount: ase make check payable to: FLORIDA DEP \$125.00 Filing Fee \$130.00 Filing Fee Certificate o	& 🔲 \$155.00 Filin	g Fee & S160.00 Filing Fee, Certificate			

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:

me adopted for the nurmors of transacting husiness in Fig.	onda. The altern	ate name must include "Limited Lia	bility Company," "L.L.C." or "	 LLC.")
the adopted to the purpose of the sacting outside in the				
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en toreign immied habitily company is organized?		(I Et aunae	и, и аррисаотсу	
(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determine	egistration.) ie penalty liabil	rty)		
			D. SUITE 201	
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	\$17	AFFORD, VA 22554		_
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of Florida registered agent: (P.O. Box	NOT acce	ntable)		, , 1
of Florida registered agent. (1.0. Dox	MOT accc	praorej		TI
RICHARD WALLACE			量	
		_	7: 1	
515 97TH AVE., N			<u> </u>	
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NIADY DO		34108 , Florida		
NAPLES				
	(Date first transacted business in Florida, if prior to reason (See sections 605.0904 & 605.0905, F.S. to determine OAD, SUITE 201) of Florida registered agent: (P.O. Box	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty habit OAD, SUITE 201 STA of Florida registered agent: (P.O. Box NOT acce	(PEI number of Florida registered agent: (P.O. Box NOT acceptable) 26-267-1648 3. (FEI number of Florida registered agent: (P.O. Box NOT acceptable)	(PEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty hability) OAD, SUITE 201 6. (Mailing Address) STAFFORD, VA 22554 Proceedings of Florida registered agent: (P.O. Box NOT acceptable) RICHARD WALLACE

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: SARAH WALLACE	□Manager	Name: RICHARD WALLACE
■Member	Address: 4 DALLHAN COURT	■Member	Address: 515 97TH AVE., N
□Authorized	STAFFORD, VA 22554	□Authorized	NAPLES, FL 34108
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	□Other
□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. 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.



CADALLUZALIACE

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

1 Certify the Following from the Records of the Commission:

That Priority Financial, LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on May 14, 2008; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

May 23, 2022

Bernard J. Logan, Clerk of the Commission

CERTIFICATE NUMBER: 2022052317324194