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CORPORATION	NAME(S) & DOCUMENT NUM	BER(S), (if known):
1. <u>(Cor</u>	poration Name) (Doc	cument #)
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3. (Corp	poration Name) (Doc	cument #)
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	Pick up time	Certified Copy
☐ Mail out	■ Will wait ■ Photocopy	☐ Certificate of Status
NEWSTILINGS	ANTENDMENUS	
Profit	Amendment	
NonProfit	Resignation of R.A., Officer/ Direct	tor
Limited Liability	Change of Registered Agent	- v - 2-1
Domestication	Dissolution/Withdrawal	Name 204
Other	Merger	Availabil(ty)
OTHER FILINGS	REGISTRATION/ QUALIFICATION	Examiner Updates
Annual Report	Foreign	Update Q
Fictitious Name	Limited Partnership	Verifyer
Name Reservation	Reinstatement	Acknowleds/ment W. P. Verikor
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		Examiner's Initials



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 2, 1998

PRIMARY FINANCIAL SERVICES, L.L.C. 3115 NORTH 3RD AVENUE, SUITE 112 PHOENIX, AZ 85013

SUBJECT: PRIMARY FINANCIAL SERVICES, L.L.C.

Ref. Number: W98000022526

We have received your document for PRIMARY FINANCIAL SERVICES, L.L.C. and your check(s) totaling \$293.75. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the limited liability company must adopt an alternate name for use in the state of Florida. To adopt an alternate name the entity must submit a resolution signed by a managing member or manager adopting the alternate name for use in the state of Florida. The alternate name must end with "L.L.C.," "L.C.," "Limited Liability Company" or "Limited Company."

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline Document Specialist Letter Number: 098A00049246

99 MAR 24 PM 3: 22

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314



3/23/99 Tammi Cline Document Specialist Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314 DIVISION OF CORPORATIONS

OG MAR 21 PM 3: 22

Dear Ms. Cline:

As required, I have enclosed a resolution adopting an alternative name for use in the state of Florida.

Please feel free to call me if you have any questions at (602) 279-1000.

Sincerely,

Casey Middleman

ACTION OF MEMBERS BY UNANIMOUS CONSENT IN LIEU OF MEETING

The undersigned, as all of the Members of PRIMARY FINANCIAL SERVICES, L.L.C., an Arizona limited liability company (the "Company"), hereby acknowledge that the following actions are made and unanimously consented to in lieu of a meeting:

RESOLVED, that the Company is hereby authorized to apply for authority to conduct business in the State of Florida using the name, PRIMARY FINANCIAL SERVICES OF ARIZONA, L.L.C.;

FURTHER RESOLVED, that any one of the Members of the Company is hereby authorized to execute all documents and take all additional appropriate actions on behalf of the Company in connection with the qualification in Florida.

CONSENTED TO this 23 day of Marsh, 1999

SAMUEL MIDDLEMAN, Managing Member

ROBERT D. HUTTON, Managing Member

CASEY MIDDLEMAN, Member

IAR 24 PM 3: 22

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

Name of for so contained	eign limited liabili l in the name at pre	ty company must endesent.)	l with the wor	ds "limited company" o	r their abbr <u>ev</u> iat	ion "L.C." if not
Ari	zona		3	86-0817400		
Jurisdiction ompany is	under the law of w	vhich foreign limited	liability	(FEI num	ber, if applicabl	(e)
-	-				=	
2/1	5/96 (Date of Organiz	zation)	5	1/1/2026 (Duration: Year limite exist or "perpetual")	d liability compa	any will cease to
Not	yet (Date first trans	sacted business in Flo	orida. (See sec	tions 608.501, 608.502	, and 817.155, F	7.S.)
311		venue, <u>Suite</u>				
					. =.	
					-	
st name, ill manag	title, and busine e the foreign lir	ess address of each	h managing npany in Flo	rincipal office) member[MGRM] orida: (attach addition NAME & ADD	onal page if no	ecessary)
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^{9.} Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of _	Primary	
Financial Services, L.L.C. certifies:		•
1) the above named limited liability company has at least one member;	- <u></u>	
2) the total amount of cash contributed by the member(s) is	 	\$ 30,001;
3) if any, the agreed value of property other than cash contributed by me (A description of the property is attached and made a part hereto.) and	ember(s) is =	\$;
4) the total amount of cash and property contributed and anticipated to b by member(s) is (This total includes amounts from 2 and 3 above.)	e contributed	\$ 30,001
Alles SAMUEL MI	MYLEMAN	"MEM BER"
Signature of a member or an authorized representa (In accordance with section 608.408(3), Florida Statutes, the exa affidavit constitutes an affirmation under the penalties of perjur- stated herein are true.)	ttive of a mem ecution of this	SEGRETARY SIVISION OF CO 99 MAR 24
Samuel Middleman Typed or printed name of signs	ee ===================================	OF STATE REPORATIONS PM (3: 22

Filing Fee: \$250.00 for Application and Affidavit

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
Primary Financial Services, L.L.C.	
2. The name and the Florida street address of the registered agent and office are:	91
CT Corporation System (Name)	NECRETARY INSIGN OF CO
1200 South Pine Island Road Florida street address (P.O. Box NOT ACCEPTABLE)	PM 3: 22
Plantation FL 33324 City/State/Zip	_ :

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 certificate, 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 relating 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: Jikie M. Prince (Signature)
Vickie M. Prince, Asst. Secy.

C T CORPORATION SYSTEM

Filing Fee: \$ 35 for Designation of Registered Agent

STATE OF ARIZON



Office of the CORPORATION COMMISSION

To all to whom these presents shall come, greeting: I, Jack Rose, Executive Secretary of the Arizona Corporation Commission, do hereby certify that

***PRIMARY_FINANCIAL SERVICES, L.L.C.

is a limited liability company organized under the laws of the State of Arizona which filed its Articles of Organization in this office on the 15th day of February 1996.

> IN WITNESS WHEREOF, Thave hereunto set my hand and affixed the offical seal of the Arizona Corporation Commission. Done at Phoenix, the Capitol, this 25th day of August, 1998, A. L



ecutive Secretar