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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATION:

3019 CFP -5 PM h: 21

COVER LETTER

TO: New Filing Section Division of Corporations	•
SUBJECT: PriMECARD	TNC
SUBJECT: PriMECARD Name of corpora	ation - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact by	_
Please return all correspondence concerning this m	natter to the following:
CRV2	CARCASES
	e of Person
JGT Media Firm/	Holdings
21 SE 1 ST AUE A L[AM1, F) City/Sta	3rd floor
A	Address
Hray, F	(3313)
City/St:	ate and Zip code
ccarases@istm	sed for future annual report notification)
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, ple	ease call:
Name of Person at (30)	S 573 - 2800 K 200 urea Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	<u>.</u>
☐ \$70.00 Filing Fee	S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607,1503. FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) State or country under the law of which it is incorporated)

3. 45-2280214

(FEI number, if applicable) (Date of incorporation)

5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) SE 1ST AVE 3rd Floor, UTAHI, F(3313) (Principal office address) ame as above (Current mailing address) 8. To engage in any lawful act or activity (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Mark Mtchanic

21 SE 1ST AVE 3rd Hook Name: Office Address: MI AMI, FC 3313), Florida (Zip code) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation 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)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:	FILED
A. DIRECTORS	SECRETARY OF STATE DIVISION OF CORPORATION
Chairman:	2113 SEP -5 PM 4: 21
Address:	- (n 4- C)
Vice Chairman:	
Address:	
4	
Address: <u>al</u> SE 157 AVE 3rd GlooR	
HIAMI, FL 33131	
Director:	W 14
Address:	
B. OFFICERS	
President: Prc Poth	
Address: 21 SE 1ST AVE 3rd FLOOR	
Mormi, F(33B)	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing add	ditional officers and/or directors.
13. Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 12 ab are true and that he or she is aware that false information submitted in a docume a third degree felony as provided for in s.817.155, F.S.	ent to the Department of State constitutes
14. Mark Mechant (Typed or printed name and capacity of person signing	C, Director
(Typed or printed name and capacity of person signing	application)



The First State

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

DELAWARE, DO HEREBY CERTIFY "PRIMECARD, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF

AUGUST, A.D. 2013.

4084345 8300

131038305

Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 0700548

DATE: 08-29-13

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