

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CORPDIRECT AGENTS, INC.

Account Number : 110450000714 Phone

(850) 222-1173

Fax Number

(850) 224-1640

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION PRIMUS GROUP, INC.

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 05 |
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COVER LETTER

| TÓ: New Filing Section Division of Corporations | | | | |
|--|--|--|--|--|
| SUBJECT: "PRIMUS GROUP, INC." | | | | |
| Name of corporation - must include suffix | | | | |
| Dear Sir or Modom: | | | | |
| The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida." "Cortificate of Existence," or "Cortificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida. | | | | |
| Please return all correspondence concerning this matter to the following: Ryan W Fothergill | | | | |
| Name of Person | | | | |
| Primus Labs | | | | |
| Firm/Company | | | | |
| 2810 Industrial Parkway | | | | |
| Santa Maria, CA 93455 | | | | |
| City/State and Zip code | | | | |
| Ryan.fothergill@primusiabs.com | | | | |
| E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | |
| Ryan Fothergill at 805 354-7061 | | | | |
| Name of Person Area Codo & Daytime Telephone Number. | | | | |
| • | | | | |
| STREET/COURIER ADDRESS: MAILING ADDRESS: | | | | |
| New Filing Section New Filing Section Division of Corporations Division of Corporations | | | | |
| Clifton Hillding P.O. Box 6327 | | | | |
| 2661 Executive Center Circle Trillahussee, FL 32314 Tallahussee, FL 32301 | | | | |
| Enclosed is a check for the following amount: | | | | |
| S70.00 Filling Fee C S78.75 Filling Fee & C S78.75 Filling Fee & Cortificate of Status Cortified Copy Cortified Copy Cortified Copy Cortified Copy | | | | |

H120002730843

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.

| • | | e adopted for the purpose of transacting business in Florida) |
|------------------------------------|---|---|
| . <u>CALIFOR</u> | | 77-0147992 |
| , | nder the law of which it is incorporated) | (FEI number, if applicable) |
| 04-27-19 | | Perpetual |
| August, | of incorporation) 2011 | (Duration: Year corp. will cense to exist or "perpetual") |
| | (Date first transacted business | in Florida, if prior to registration) 1502, F.S., to determine penalty liability) |
| 2810 Indi | • | Maria, California 93455 |
| ' <u></u> | (Principal office ad | |
| 2810 Ind | ustrial Parkway, Santa | Maria, California 93455 |
| Anv and | all business a cornora | ation is authorized to do 🔝 🎘 👚 |
| (Purpose(s) | | |
| (Furpose(s)). Name and stree | of corporation authorized in home state or toddress of Florida registered agent: (P Kiley Harper Larsen | country to be carried out in state of Florida) |
| (Purpose(s) Name and stree Name: | of corporation authorized in home state or taddress of Florida registered agent: (P Kiley Harper Larsen 241 SE 2nd Street | country to be carried out in state of Florida) 2.0. Box NOT acceptable) |
| (Purpose(s) | of corporation authorized in home state or toddress of Florida registered agent: (P Kiley Harper Larsen | country to be carried out in state of Florida) 2.0. Box NOT acceptable) |

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.

FILE [H12000273084 3

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| 12. Names and business addresses of officers and/or directors: | GREBETARY OF STAFF. | | |
|---|---|--|--|
| A. DIRECTORS | SECRETARY OF STATE TALLAHASSEE, FLOMBA | | |
| Chainnaux Robert Stoviček | | | |
| Address: 2810 Industrial Parkway | | | |
| Santa Maria, California 93455 | | | |
| Vice Chalman: Chad Smith | | | |
| Address: 2810 Industrial Parkway | | | |
| Santa Maria, California 93455 | | | |
| Robert Gray | | | |
| Address: 2810 Industrial Parkway | | | |
| Santa Maria, California 93455 | | | |
| Director: Robert Ross. | | | |
| Address: 2810 Industrial Parkway | | | |
| Santa Maria, California 93455 | | | |
| B. OFFICERS | | | |
| President: Robert Stovicek | | | |
| Address: 2810 Industrial Parkway | | | |
| Santa Maria, California 93455 | | | |
| Vice President: Chad Smith | | | |
| Address: 2810 Industrial Parkway | | | |
| Santa Maria, California 93455 | | | |
| Signaling: Michael Payne | • | | |
| Address, 2810 Industrial Pkwy., Santa Maria, California 93455 | | | |
| Tressurpr: Brian Mansfield | | | |
| Address: 2810 Industrial Pkwy., Santa Maria, Calif | ornia 93455 | | |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. | | | |
| Signature of Director or Offic | cer | | |
| The officer or direcursigning this document (and who is listed in number 12 above) affirms that the facts stated herein, are true and that he or she is against that false information submitted in a document to the Department of State constitutes, a third degree felony as provided for in \$817,155, F.S. | | | |
| M, BRIAN MANSFIELD - Treasurer/CFO | | | |
| (Typed or printed name and capacity of person s | igning application) | | |

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

PRIMUS GROUP, INC.

FILE NUMBER: FORMATION DATE:

TYPE:

JURÎSDICTION: STATUS: C1585110 04/27/1987

DOMESTIC CORPORATION

CALIFORNIA

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California. hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 13, 2012.

). Debra bowen

DEBRA BOWER

KAW

NP-25 (REV-1/2007)

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