F13000001351

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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ACCOUNT NO. : I2000000195 REFERENCE : 584727 7411941 AUTHORIZATION : COST LIMIT : ORDER DATE: March 26, 2013 ORDER TIME : 2:41 PM ORDER NO. : 584727-005 CUSTOMER NO: 7411941 FOREIGN FILINGS NAME: PRIME FINANCIAL SERVICES, INC. XXXX QUALIFICATION (TYPE: CO) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER:

COVER LETTER

TO: New Filing Section Division of Corporations	•
SUBJECT: PRIME FINANCIAL SE	ERVICES, INC.
	on - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stabove referenced foreign corporation to transact busing	anding" and check are submitted to register the
Please return all correspondence concerning this matt	ter to the following:
Ted Finkelstein	
Name o	f Person
c/o Gilman Ciocia, Inc.	
Firm/Co	mpany
11 Raymond Avenue	
Add	iress
Poughkeepsie, NY 12603	
City/State ted.finkelstein@gtax.com	and Zip code
	for future annual report notification)
For further information concerning this matter, please	e call:
Ted Finkelstein 4, 845	485-5278
Name of Person Area	a Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount:	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
_	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, 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.

PRIME FINAN I.	CIAL SERVICES, INC.		50 A
	orporation; must include "INCORPORATEI orp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"	HAR 26
(If name unavaila	able in Florida, enter alternate corporate nam	e adopted for the purpose of transacting busines	s in Florida) 🚄
DELAWARE		22-3648852	2 S &
·	under the law of which it is incorporated)	(FEI number, if applicable)	87 5
FEBRUARY 17	7, 1999	PERPETUAL 5.	72
	of incorporation)	(Duration: Year corp. will cease to exist or	'perpetual")
•			
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
11 RAYMOND A	AVENUE		
•	(Principal office ac	ldress)	
POUGHKEEPS	IE, NY 12603		
	(Current mailing ac	ldress)	
	SURANCE BROKER		
(Purpose(s) of corporation authorized in home state or	country to be carried out in state of Florida)	
. Name and stree	t address of Florida registered agent: (P	P.O. Box NOT acceptable)	
Name:	Corporation Service Company		
ffice Address:	1201 Hays Street		
	Tallahassee	Florida 32301	
	(City)	(Zip code)	
laving been nam esignated in this urther agree to co	application, I hereby accept the appoin	rvice of process for the above stated corpor atment as registered agent and agree to act is relative to the proper and complete perfo to of my position as registered agent.	in this capacity rmance of my
	Corporation Service Company	Sue G. Kni	ght
		Assistant Vice P	resident
rs	y: The of. May	1 ₩	

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:

A. DIRECTORS
Director: CAROLE ENISMAN

Address: 11 RAYMOND AVENUE, POUGHKEEPSIE, NY 12603

Director: JOHN LEVY

Address: 11 RAYMOND AVENUE, POUGHKEEPSIE, NY 12603

Director: AMY NAPOLITANO

Director: IRAYMOND AVENUE, POUGHKEEPSIE, NY 12603

Director: Address: 11 RAYMOND AVENUE, POUGHKEEPSIE, NY 12603

B. OFFICERS
President: MICHAEL P RYAN

Address: 11 RAYMOND AVENUE, POUGHKEEPSIE, NY 12603

Vice President:

Address:

11 RAYMOND AVENUE, POUGHKEEPSIE, NY 12603

Secretary:

Address:

11 RAYMOND AVENUE, POUGHKEEPSIE, NY 12603

Treasurer:

Address:

11 RAYMOND AVENUE, POUGHKEEPSIE, NY 12603

Address:

11 RAYMOND AVENUE, POUGHKEEPSIE, NY 12603

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. Jay Paima, Treasurer and Secretary

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRIME FINANCIAL SERVICES, 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-SIXTH DAY OF MARCH, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRIME FINANCIAL SERVICES, INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF FEBRUARY, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

3006092 8300

130360297

AUTHENTICATION: 0313179

DATE: 03-26-13

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