

F170000000356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

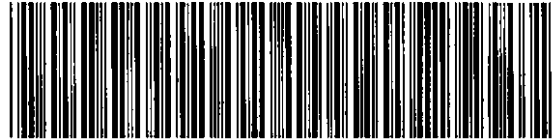
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400293936144

01/10/17--01015--026 **78.75

02/24/17--01004--001 **3585.00

FILED
17 FEB 21 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
FEB 23 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2017

LYDIA CHANG
2740 N MAYFAIR
SPRINGFIELD, MS 65803

SUBJECT: NEW PRIME, INC.
Ref. Number: W17000002597

2017 FEB 21 PM 3:38
TALLAHASSEE, FLORIDA

We have received your document for NEW PRIME, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$4,365.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 417A00000694

Since we started
Business in Florida
1996,
we corrected
transaction date
in FL to 01/01/16
Penalty fee is
\$3565. Check
attached with
this mail.

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17 FEB 21 PM 4:21
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEW PRIME, INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate 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:

LYDIA CHANG

Name of Person

NEW PRIME, INC.

Firm/Company

2740 N MAYFAIR

Address

SPRINGFIELD/ MISSOURI 65803

City/State and Zip code

LCHANG@PRIMEINC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LYDIA CHANG

417

5213506

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☒ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

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TALLAHASSEE, FLORIDA

**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.*

1. NEW PRIME, INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

PRIMEINC, INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEBRASKA 3. 43-1396933
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05/21/1985 5. PERPETUAL
(Date of incorporation) (Date of duration, if other than perpetual)

6. 01/01/1996
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2740 N MAYFAIR, SPRINGFIELD, MISSOURI 65803
(Principal office address)

2740 N MAYFAIR, SPRINGFIELD, MISSOURI 65803
(Current mailing address, if different)

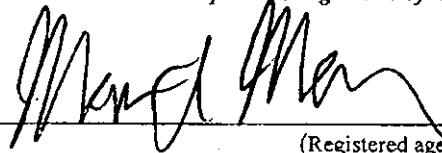
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: MARVIN I. MOSS

Office Address: 20801 BISCAYNE BLVD., SUITE 506
NORTH MIAMI BEACH, Florida 33180
(City) (Zip code)

9. 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)

10. 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.

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: ROBERT LOW
2740 N MAYFAIR, SPRINGFIELD, MISSOURI 65803
Address: _____

Vice Chairman: LAWANA LOW
2740 N MAYFAIR, SPRINGFIELD, MISSOURI 65803
Address: _____

Director: DEAN HOEDL
2740 N MAYFAIR, SPRINGFIELD, MISSOURI 65803
Address: _____

Director: DERREL HOPKINS
2740 N MAYFAIR, SPRINGFIELD, MISSOURI 65803
Address: _____

B. OFFICERS

President: ROBERT LOW
2740 N MAYFAIR, SPRINGFIELD, MISSOURI 65803
Address: _____

Vice President: LAWANA LOW
2740 N MAYFAIR, SPRINGFIELD, MISSOURI 65803
Address: _____

Secretary: PATRICIA HICKS
2740 N MAYFAIR, SPRINGFIELD, MISSOURI 65803
Address: _____

Treasurer: DEAN HOEDL
2740 N MAYFAIR, SPRINGFIELD, MISSOURI 65803
Address: _____

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

12. *Patricia Hicks*
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. PATRICIA HICKS, ASSISTANT SECRETARY
(Typed or printed name and capacity of person signing application)

STATE OF NEBRASKA

United States of America, } ss.
State of Nebraska }

Secretary of State
State Capitol
Lincoln, Nebraska

I, John A. Gale, Secretary of State of the
State of Nebraska, do hereby certify that

NEW PRIME, INC.

**incorporated on May 21, 1985 and is duly incorporated under the law of
Nebraska;**

**that no occupation taxes due from and assessable against the Corporation are
unpaid and have become delinquent;**

**that no annual or biennial report required to be forwarded by the
Corporation to the Secretary of State has become delinquent;**

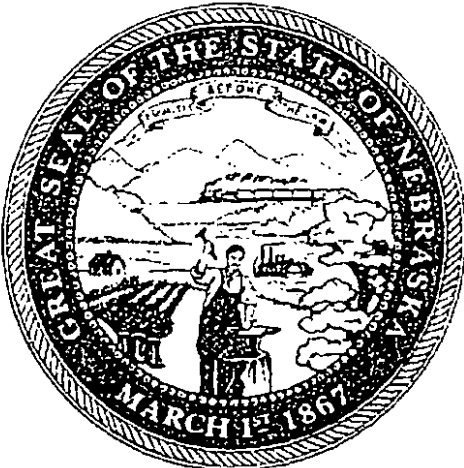
that Articles of Dissolution have not been filed.

*This certificate is not to be construed as an endorsement,
recommendation, or notice of approval of the entity's financial
condition or business activities and practices*

In Testimony Whereof,

I have hereunto set my hand and
affixed the Great Seal of the
State of Nebraska on this date of

December 14, 2016



John A. Gale
Secretary of State

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17 FEB 21 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA