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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

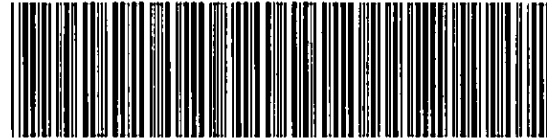
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

O SIMMONS
FEB 01 2019

COVER LETTER

TO: Registration Section
Division of Corporations
Prime Holdings Insurance Services, Inc.

SUBJECT: _____
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:
Juli Lloyd

_____	Name of Person
Prime Holdings Insurance Services, Inc.	
_____	Firm/Company
8722 S. Harrison St.	
_____	Address
Sandy, UT 84070	
_____	City/State and Zip code
julil@primeis.com	
_____	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juli Lloyd	801	304-5504
_____	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:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input checked="" type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
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.*

Prime Holdings Insurance Services, Inc.

1. _____
(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)
Utah 36-3868204

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
08/21/1992

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
1/15/2019

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
303 W. Madison St., Suite 2075, Chicago, IL 60606

7. _____
(Principal office address)
8722 S. Harrison St., Sandy, UT 84070

(Current mailing address, if different)

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

Name: National Registered Agents, Inc.
1200 South Pine Island Road

Office Address: _____
Plantation 33324
_____, Florida _____
(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.

National Registered Agents, Inc.

By: Michael Scraphin Michael Scraphin Asst. Secretary

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

A. DIRECTORS

Rick J. Lindsey

Chairman:

8722 S. Harrison St.

Address:

Sandy, UT 84070

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

Mark L. Fisher

President:

8722 S. Harrison St.

Address:

Sandy, UT 84070

Vice President:

Address:

Jeffrey P. Leman

Secretary:

8722 S. Harrison St., Sandy, UT 84070

Address:

Brent A. Seegmiller

Treasurer:

8722 S. Harrison St., Sandy, UT 84070

Address:

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

12.

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.

Rick J. Lindsey CEO

(Typed or printed name and capacity of person signing application)

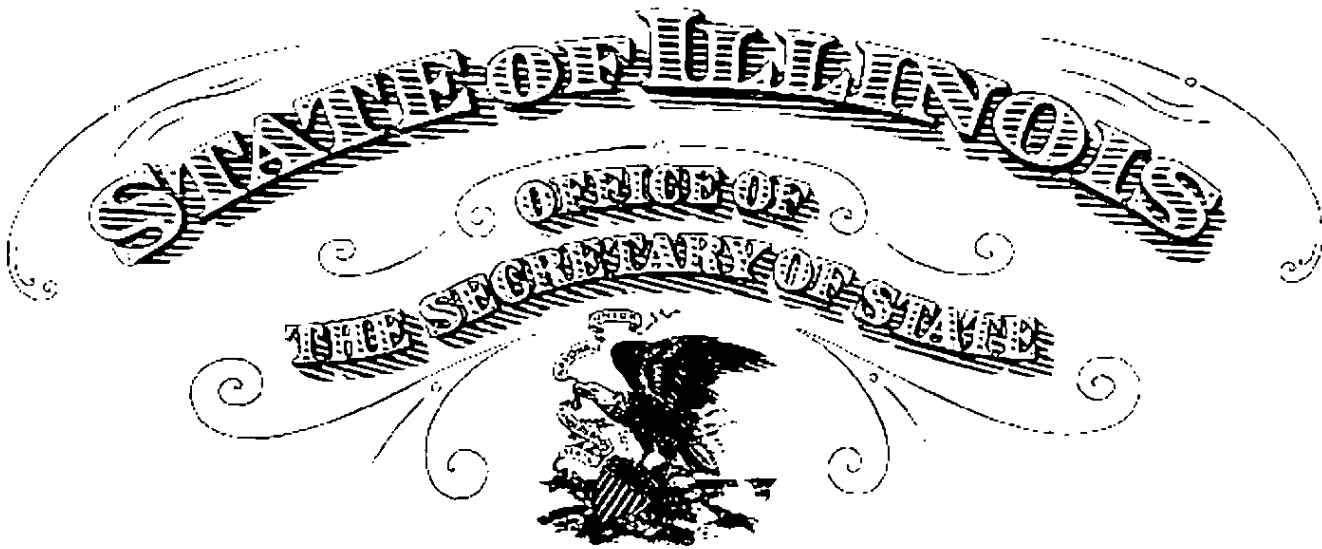
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Addendum- Additional officers for Prime Holdings Insurance Services, Inc.

- Chief Executive Officer: Rick J. Lindsey.

File Number

5695-902-5



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

PRIME HOLDINGS INSURANCE SERVICES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 21, 1992, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 15TH
day of JANUARY A.D. 2019 .

Jesse White

SECRETARY OF STATE