

F19000001060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

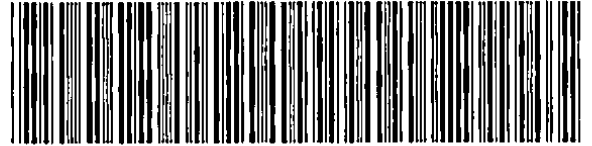
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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

cert W19-13158

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FILED  
19 MAR 15 PM 3:31  
19 FEB - 8:00 PM DE STATE  
TALLAHASSEE, FLORIDA

O SIMMONS  
MAR 05 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 11, 2019

GUILLERMO JALIL  
109 EAST 17TH ST, STE 25  
CHEYENNE, WY 82001

SUBJECT: PRIMERA, INC.  
Ref. Number: W19000013158

We have received your document for PRIMERA, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 119A00002862

## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
PRIMERA, 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:  
GUILLERMO D JALIL

PRIMERA, INC.	Name of Person
109 EAST 17TH STREET, SUITE 25	Firm/Company
CHEYENNE WY 82001	Address
ASSETPROFILE@GMAIL.COM	City/State and Zip code
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

GUILLERMO D JALIL.	484	599.1070
_____	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 type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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.

PRIMERA, 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)  
WYOMING

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
03/16/2007

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)  
02/06/2019

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  
109 EAST 17TH STREET, SUITE 25, CHEYENNE WY 82001

7. \_\_\_\_\_  
(Principal office address)  
109 EAST 17TH STREET, SUITE 25, CHEYENNE WY 82001

\_\_\_\_\_  
(Current mailing address, if different)

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

GUILLERMO D JALIL

Name: \_\_\_\_\_

915 DOYLE ROAD, #303-195

Office Address: \_\_\_\_\_

DELTONA

32725

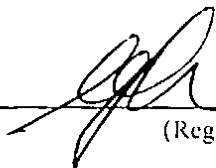
(City)

, Florida

(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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19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Guillermo D Jalil

Address: \_\_\_\_\_

109 East 17th Street, Suite 25, Cheyenne WY 82001

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: \_\_\_\_\_

Guillermo D Jalil

Address: \_\_\_\_\_

109 East 17th Street, Suite 25, Cheyenne WY 82001

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Guillermo D Jalil

Address: \_\_\_\_\_

109 East 17th Street, Suite 25, Cheyenne WY 82001

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Guillermo D Jalil

Address: \_\_\_\_\_

109 East 17th Street, Suite 25, Cheyenne WY 82001

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Guillermo D Jalil

Address: \_\_\_\_\_

109 East 17th Street, Suite 25, Cheyenne WY 82001

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. \_\_\_\_\_

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

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MAR -5 PM 3:31  
19  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,


**Primera, Inc.**  
is a  
**Profit Corporation**

formed or qualified under the laws of Wyoming did on **March 16, 2007**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2007-000535082**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 27th day of February, 2019 at 8:12 AM. This certificate is assigned 030046013.



  
Secretary of State