FA00000/34 /

(Requestor's Name)					
(Address)					
(Address)					
(Ci	ty/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					

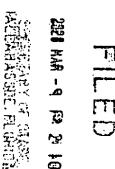




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MAR 13 (M) T. LEMIEUX

COVER LETTER

_	stration Section sion of Corporations		
SUBJECT:	Prime Supplies Inc.		
o o o o o o o o o o o o o o o o o o o	Name	of corporation	- must include suffix
Dear Sir or N	1adam:		
"Certificate of		of Good Stan	Authorization to Transact Business in Florida," ding" and check are submitted to register the ss in Florida.
Please return	all correspondence concern	ing this matter	to the following:
John V Abrah	am		
	•	Name of	Person
John V Abrah	am CPA PA		
		Firm/Com	pany
10330 N Dale	Mabry Hwy. Ste 207		
		Addre	rss
Tampa, FL 33	618		
		City/State at	nd Zip code
johnepa@veri	zon.net		
	E-mail address	s: (to be used f	or future annual report notification)
For further in	nformation concerning this n	atter, please c	all:
John V Abrah	am	813 at (404-8560
Nan	ne of Person	Area Code	Daytime Telephone Number
Regi Divis The 2415	EET/COURIER ADDRES stration Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 thassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
	t check for the following ame heck payable to: FLORIDA D ling Fee S78.75 Filir Certificate	EPARTMENT ig Fee &	OF STATE 3 S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certified Copy 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 Supplies	Inc.	
	orporation: must include "INCORPORA orp." "Inc." "Co." or "Corp.")	ATED," "COMPANY," "CORPORATION,"
(If name unavail	able in Florida, enter alternate corporate	name adopted for the purpose of transacting business in Florida)
State of Illinois		3 81-3957589
(State or country under the law of which it is incorporated) 9/25/2016		
(Date	of incorporation)	5(Date of duration, if other than perpetual)
		iness in Florida, if prior to registration) 607.1502, F.S., to determine penalty liability)
16N020 High Ric	lge I.n. Hampshire, II. 60140-7435	
	(Princip	pal office <u>street</u> address)
16N020 High Rid	dge Ln. Hampshire, IL 60140-7435	
. Name and <u>stree</u> Name:	e <u>t address</u> of Florida registered agent John V Abraham CPA	
ffice Address:	10330 N Dale Mabry Hwy, Ste 207	
	Tampa	. Florida 33618 (Zip code)
	(City)	Florida 33618 (Zip code)
laving been nam esignated in this	application, I hereby accept the app	t service of process for the above stated corporation at the pl pointment as registered agent and agree to act in this capaci tutes relative to the proper and complete performance of my
nd I am familiar	with and accept the obligations of i	my position as registered agent.
	(Registered age	raham
_	(Registered age	ent's signature)

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

□ Director ■ President	Mahesh H Parikh Name:	☐ Chairman ☐ Vice Chairman ☐ Director ☐ President ☐ Vice President ☐ Secretary ☐ Other	Dharshi Parikh Name: 16N020 High Ridge Ln Address: Hampshire, 1L 60140 □ Treasurer □ Other				
□ Director □ President	Name: Address:	☐ Chairman ☐ Vice Chairman ☐ Director ☐ President ☐ Vice President ☐ Secretary ☐ Other	Address: ——————————————————————————————————				
☐ Director ☐ President ☐ Vice President ☐ Secretary ☐ Other	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Department of the state of the st	☐Director ☐President ☐Vice President ☐Secretary ☐Other ☐hment will be imagent of State Annual Re	d for reporting purposes only. Non-indexed eport form.				
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 5.817.155, F.S.

Mahesh H Parikh

File Number

7095-506-7



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 SUPPLIES INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 25, 2016, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, 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 20TH day of FEBRUARY A.D. 2020.

Authentication #: 2005102598 ventiable until 02/20/2021
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE