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COVER LETTER

TO:	O: Registration Section Division of Corporations						
SUBJ	FCT.	PRIME SALES AND MARKET	ING. INCORPO	DRATED			
эора	EC1.	Name of corporation - must include suffix					
Dear S	ir or M	adam:					
"Certif	īcate o	"Application by Foreign Corpore Existence," or "Certificate of ced foreign corporation to trans	Good Standing	g" and check are submitte			
Please	return .	all correspondence concerning	this matter to	the following:			
CHRIS	ТОРНЕ	R LANCASTER					
			Name of Pers	son			
PRIME	SALE	S AND MARKETING, INCORPO	DRATED				
			Firm/Compan	у			
301 GC	DLF LN						
			Address				
ALGO:	NQUIN	, IL 60102					
		(City/State and 2	Zip code			
INFO@) PRIMI	ESALESMKT,COM					
		E-mail address: (t	o be used for f	uture annual report notifi	cation)		
For fur	ther in	ormation concerning this matt	er, please call:				
CHRISTOPHER LANCASTER at (847 354-9369				
	Nam	e of Person	Area Code	Daytime Telephone	Number		
	Regis Divis The C 2415	tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 massee, FL 32303		MAILING ADDI Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 3	on rations		
Please i	make ch	check for the following amountek payable to: FLORIDA DEPANGE From S78.75 Filing From Certificate of S	ARTMENT OF Fee &		\$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.

(Enter name of	S AND MARKETING, INCORPORATED corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"		
(If name unavai	ilable in Florida, enter alternate corporate name	adopted for the purpose of transacting busine	ess in Florida)	
2. ILLINOIS	3.	3. <u>47-4609905</u>		
	try under the law of which it is incorporated)	(FEI number, if applicable)	
4. 08/05/2015	5.			
(Dat	e of incorporation)	(Date of duration, if other than perpetual)		
6. N/A				
	•	in Florida, if prior to registration) 502, F.S., to determine penalty liability)		
301 GOLF LN.	ALGONQUIN IL 60102	, , , , , , , , , , , , , , , , , , , ,		
/·		fice <u>street</u> address)		
	(Current maili	ng address, if different)		
8. Name and stre	eet address of Florida registered agent: (P.	O. Box NOT acceptable)	2022 r	
Name:	JENNA GILBERT		:	
Office Address:	2611 SAN MARIA CIRCLE		×3	
	NORTH PORT .	, Florida ³⁴²⁸⁶		
	(City)	(Zip code)	t: <u>⊕</u> 3	
 Registered ag 	gent'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.

A. DIRECTORS							
□Chairman	Name: CHRISTOPHER LANCASTER	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director	ALGONGUIN IL 60102	Director					
■ President		□President					
		_					
	☐Treasurer	☐ Secretary	· · ·	□Treasurer			
☐ Secretary		•					
Other	Other	□Other		□Other			
Псь.:	CHRISTOPHER LANCASTER	□Chairman	Nome				
Chairman	Name: 301 GOLF LN						
	ALGONGUIN IL 60102	□Vice Chairman	Address:				
Director		□Director					
□President		□President					
□Vice President		□Vice President		···			
≅ Secretary	□Treasurer	☐ Secretary		☐Treasurer			
Other	Other	□Other		□Other			
□Chairman	Name:	□ Chairman	Name:	···			
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		Director	••••				
□President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	□Secretary		□Treasurer			
□Other	□Other	□Other		Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when thing your Florida Department of State Annual Report form. 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							

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 of 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.

, CHRISTOPHER LANCASTER / PRESIDENT

File Number

7017-755-2



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, 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 SALES AND MARKETING, INCORPORATED, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 05, 2015, 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

day of FEBRUARY A.D. 2023

Authentication #: 2304800396 verifiable until 02/17/2024

Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

17TH