F24000003035

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





100432168281

SECRETARY OF STATE SIVISION OF CORPORALIONS



Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.556.7956

Fax: 850.656.7953

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303

corphelp@dos.myflorida.com 850-245-6051 FROM Melissa Moreau

mmoreau@incserv.com 850.656.7953

REQUEST DATE 07/10/2024

PRIORITY Routine

OUR REF # (Order ID#) Devon

ORDER ENTITY
PRIMARY CLASS, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

PRIMARY CLASS, INC.

Please file the attached qualification document.

NOTES:

\$70.00 Authorized

Email address for annual report reminders: radiv@incserv.com –

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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.

'·	Class, Inc.				
	corporation; must include "INCORPORATED," forp." "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"			
men con c	with the dot of corp.				
•					
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting bus	iness in Florida)		
₂ Delaware	9 ,				
(State or countr	zy under the law of which it is incorporated)	(FEI number, if applicable)			
_{4.} 12/02/202	21 5.	Perpetual			
(Date	of incorporation)	(Date of duration, if other than perpetual)			
6.					
	(Date first transacted business in	Florida, if prior to registration) 602, F.S., to determine penalty liability)			
325 Hude	on Street, FI 4 New York, N	, , ,			
7. 02.0 Huus		ce street address)			
	Trincipal VIII	ee arreet address;	2		
	(Current mailin	g address, if different)	SECRETAR VISION OF C		
		•			
8. Name and stree	et address of Florida registered agent: (P.C). Box NOT acceptable)	0 75.4		
Name:	Incorporating Services, L	.td.	3 3990		
name.			2:		
Office Address:	1540 Glenway Drive		a 1048		
	Tallahassee	, Florida 32301			
	(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.

Melisse A. Molau
(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: Joseph Connor	□Chairman	Name:			
□Vice Chairman	Address: 325 Hudson Street, FI 4	□Vice Chairman	Address:			
Director	New York, NY 10013	□Director				
■ President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer		
□Other	Other	□Other		□Other		
□Chairman □Vice Chairman □Director □President □Vice President □Secretary ■Other	Name: Jonathan Freed Address: 325 Hudson Street, Fl 4 New York, NY 10013 Treasurer Other	☐Chairman ☐Vice Chairman ☐Director ☐President ☐Vice President ☐Secretary ☐Other	Address:	□Treasurer		
□Director □President	Name:	☐ Chairman ☐ Vice Chairman ☐ Director ☐ President ☐ Vice President ☐ Secretary ☐ Other	Address:	□Treasurer □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 filing your Florida Department of State Annual Report form. 12						

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 \$.817.155, F.S.

_{13.} Jonathan Freed, CFO

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PRIMARY CLASS, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRIMARY CLASS, INC." WAS INCORPORATED ON THE SECOND DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 203793693

Date: 06-25-24