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COVER LETTER

TO:	Registration Section Division of Corporations				
SUB.	JECT: Primed	advisor.	on - must include suffix		
	Name	of corporati	on - must include suffix		
Dear S	Sir or Madam:				
"Certi	nclosed "Application by Foreign C ficate of Existence," or "Certificat referenced foreign corporation to	e of Good St	anding" and check are s		
Please	return all correspondence concern	ing this mat	ter to the following:		
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		Name	of Person		
		Firm/C	ompany		
	1.30	LWEST Ad	dress		
	المال	enla El	a2010		
	<u> </u>	City/State	and Zip code		
	E-mail address	s: (to be use	DYINC : OM d for future annual repo	rt notification)	
For fu	uther information concerning this	natter, pleas	e call:		
Mar	CO GIOYCIA Name of Person	at (<u>323</u>	<u> </u>	53	
	Name of Person	Агеа С	ode Daytime Te	ephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee		Registratio Division of	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		
	2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303	0		e, FL 32314	
Please	sed is a check for the following an make check payable to: FLORIDA I 0.00 Filing Fee	DEPARTMENT of Fee &	NT OF STATE ☐ \$78.75 Filing Fee & Certified Copy	\$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. Primilalvisor, Inc.
(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) 2. NOMSKO

(State or country under the law of which it is incorporated)

(FEI number, if applicable) 4. $\frac{4 |20|}{2022}$ 5. (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 2900 W. Hondon Ridge Pky Sux-200, Henderson NV
(Principal office street address)

S9074

21048 Mainstreet d. Chula Msta (A 91911.

(Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Lazaro Casillo Name: 1301 West 34St

Haleah , Florida 33012
(City) (Zip code) Office Address: 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.

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: Marw Garcia	□ Chairman	Name: Marco Garag
□Vice Chairman	Address: 2443 W. BCVTYLY Blud	□Vice Chairman	Address: 2443 W BENERY BNO
□Director	Montebello, CA 90640	Director	Montebello, CA 90640
⊠ President	Margo Contain	□President	
□Vice President		□Vice President	
☐ Secretary	☐Treasurer	☐ Secretary	Treasurer
□Other	Other	Other	Other
□ Director □ President □ Vice President ▼ Secretary	Name: Marco Garcia Address: 2443 W. Balerly Blud. MOTHEDELLO, CA 90440 Treasurer	□Vice Chairman □Director □President □Vice President □Secretary	Treasurer
□Oth er	Other	Other	
□Chairman □Vice Chairma	Name:	□Chairman	Name:
Director		□Director	
□ President		President	
□Vice Presiden	t	□Vice President	
☐ Secretary	☐Treasurer	☐ Secretary	☐ Treasurer
Other	Other	Other	Other
Important Notice individuals may	e: Use an attachment to report more than six (6). The att be added to the lines when filing your Florida Departm	tent of State Annual	ged for reporting purposes only. Non-indexed Report form.
	Signature of Director		
	rector signing this document (and who is listed in number false information submitted in a document to the Department to		
13			
	(Typed or printed name and capacity of pe	rson signing applica	lion)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I. FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **Primeadvisor Inc.** as a DOMESTIC CORPORATION (78) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 04/20/2022, and in good standing in this State.

I further certify that the above DOMESTIC CORPORATION (78) has its formation or qualification document and no amendments on file in this office as of the date of this certificate.

Certificate Number: B202411015158173

You may verify this certificate

online at https://www.nvsilverflume.gov/home

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 11/01/2024.

VHqulan

FRANCISCO V. AGUILAR Secretary of State