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(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
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Certified Copies Certificates of Status						
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Special Instructions to Filing Officer:						
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TO MAY 27 PH 2: 19
SECHE LARY OF STATE
TALL AREASSEF FRORD

S. HAWKES

MAY 2 5 2010

EXAMINER

W10-25514



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 25, 2010

EDWARD H SIMCHES CFO 13506 SUMMERPORT VILLAGE PARKWAY SUITE 1 WINDERMERE, FL 34786

SUBJECT: PRIORITY PARTNERS LLC

Ref. Number: W10000025514

We have received your document for PRIORITY PARTNERS LLC and your check(s) totaling \$125.00. 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) 245-6955.

Suzanne Hawkes Regulatory Specialist II

Letter Number: 010A00013235

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	CCT: Priority Partners LLC			
	Name of Limited Liability Company			
The en	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ice, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida			
Please	return all correspondence concerning this matter to the following:			
	Edward H. Simches, CFO			
	Name of Person			
	Corporate Financial Managers LLC			
	Firm/Company			
13506 Summerport Village Parkway Suite 106				
	Address			
Windermere, FL 34786				
	City/State and Zip Code			
	corp_financial@verizon.net E-mail address: (to be used for future annual report notification)			
For fu	ther information concerning this matter, please call:			
roi iu	ther intormation concerning this matter, please can.			
	Edward H. Simches at (407) 748-0748			
	Name of Person Area Code & Daytime Telephone Number			
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			
Enclo	sed is a check for the following amount:			
	\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate Copy of Status & Certified Copy			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Pric	ority Partner	'S, LLC mited Liability Company," "L.L.C.," or "LI	<u> </u>
(Name of Foreig	n Limited Liability Company;	must include "L	mited Liability Company," "L.L.C.," or "LI	C."YOL X
	•			The state of
(If name unavailable, en consent of the managers Company," "L.L.C," "L	or managing members adopt	r the purpose of to ing the alternate r	ransacting business in Florida and attach a delame. The alternate name must include "Lim	npy of the writter ited Liability
2.	Delaware	3.	27-2596727 (FEI number, if applicable)	
(Jurisdiction under the company is organized	e law of which foreign limited I)	liability	(FEI number, if applicable)	\C _{Pl}
4. Ap	oril 15, 2010	5.	perpetual Ouration: Year limited liability company will	
(Date	of Organization)	(I ex	Duration: Year limited liability company will ist or "perpetual")	cease to
6.	•			
	(Date first transacted bus (See sections 608.501 & 60	iness in Florida, 08.502 F.S. to de	f prior to registration.) ermine penalty liability)	
7. <u>8815 Conroy-W</u>	/indermere Rd Suite 22	25		
Orlando, FL 32	835	- 4		
	(Stre	et Address of Prin	ncipal Office)	
8. If limited liability	y company is a manager-	managed comp	pany, check here	
9. The name and us	ual business addresses of	f the managing	members or managers are as follows	s:
Risto J Laakso	nen, 8815 Conroy-Wir	ndermere Rd,	Suite 225, Orlando, FL 32835	
			d, duly authenticated by the official having cus	
			acceptable. If the certificate is in a foreign lar	nguage, a
translation of the certifica	te under oath of the translator m	nust be submitted.)	1	
11. Nature of busine	ess or purposes to be con	ducted or pror	noted in Florida: <u>SACES AND</u>	
MARKETINE	- CONSULTANTS			·
	- CONSULTANTS			
			red representative of a member.	
	(In accordance with section 60	08.408(3), F.S., the	execution of this document constitutes the facts stated herein are true.)	
		Risto J. Laal	csonen	
	Typed o	or printed nam	e of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	10000000000000000000000000000000000000
Priority Partners, LLC	<u> </u>
If unavailable, the alternate to be used in the state of Florida is:	PH 2:1
2. The name and the Florida street address of the registered agent and office are:	OP.
Risto J. Laaksonen	
(Name)	_
8815 Conroy-Windermere Rd Suite 225 Florida Street Address (P.O. Box NOT ACCEPTABLE)	_
Orlando/FL/32835	_
City/State/Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Pagistered

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF FORMATION OF "PRIORITY PARTNERS LLC",
FILED IN THIS OFFICH ON THE FIFTEENTH DAY OF APRIL, A.D. 2010,
AT 12:47 O'CLOCK P.M.

10 MAY 27 PM 2: 19

4811949 8100

100387655

Tou may verify this certificate online at corp. delaware. corp. delaware.

jelffey W Zullock, Sucretzry of State

DATE: 04-15-10

ALA SUMA TOU INC STOST ATAS ASSESSED.