

Division of Corporations

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Florida Department of State
Division of Corporations
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To:
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From:
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 Account Number : 104662003400
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
PRIMEXCHANGE LLC

Certificate of Status	1
Certified Copy	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. PRIMEXCHANGE LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited
Liability Company," "L.L.C.," or "LLC.")

2. NEW YORK

(Jurisdiction under the law of which foreign limited liability
company is organized)

3.

(FEI number, if applicable)

4. Upon Filing

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 31 W. 34TH ST, 6TH FL

NEW YORK, NY 10001

(Street Address of Principal Office)

6.

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

HUBCO REGISTERED AGENT SERVICES, INC.

Office Address:

155 OFFICE PLAZA DRIVE, 1ST FL

TALLAHASSEE

(City)

Florida

32301

(Zip code)

Registered agent's acceptance:

*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 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)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Authorized Member - ALBERT GAMMAL, 31 W. 34TH ST, 6TH FL, NEW YORK, NY 10001

Authorized Member - EZRA SHEHEBAR, 31 W. 34TH ST, 6TH FL, NEW YORK, NY 10001

Authorized Member - JOSEPH DWECK, 31 W. 34TH ST, 6TH FL, NEW YORK, NY 10001

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the
jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath
of the translator must be submitted)

Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

ALBERT GAMMAL

Typed or printed name of signer

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**State of New York
Department of State } ss:**

I hereby certify, that JAZZ PRODUCTS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/05/2016, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A certificate changing name to PRIMEXCHANGE LLC was filed on 03/04/2016.

I further certify, that no other documents have been filed by such Limited Liability Company.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 07th day of October
two thousand and sixteen.*

Brendan W. Fitzgerald
Executive Deputy Secretary of State