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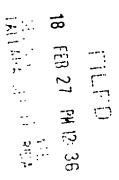
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

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10.



February 13, 2018

LISA MONROE 110 DANIEL PARK CIRCLE PONTE VEDRA, FL 32081 US

SUBJECT: PRIORITIES CONSULTING, LLC

Ref. Number: W18000014468

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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) 245-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 218A00003071

TE 0 T 1 / 1 D

COVER LETTER

	egistration Section ivision of Corporati	ions							
SUBJECT	Priorities Consult	ing, LLC							
SOBJECT	•	Name of Limited Liability Company							
		Oreign Limited Liability Computed to register the above reference.							
Plcase retu	rn all correspondenc	e concerning this matter to the	following:						
	Lisa Monroe								
		N	ame of Person						
	Priorities Co	nsulting, LLC							
		Firm/Company							
	110 Daniel P	ark Circle							
			Address						
	Ponte Vedra,	FL 32081							
	 	City/S	tate and Zip Code						
	lmonroeconsul	ting@gmail.com							
		E-mail address: (to be use	d for future annual	report not	tification)				
For further	information concern	ing this matter, please call:							
L	isa Monroe		405 at (640-37	49				
_	Name	e of Contact Person	Area Code	Day	rtime Telephone Number				
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		of Corporations ion Section wilding coutive Center Circle					
	s a check for the folk \$125.00 Filing Fee	owing amount: \$\Boxed{\Omega} \$130.00 \text{ Filing Fee & Certificate of Status}\$	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Co of Status & Certified Cop				

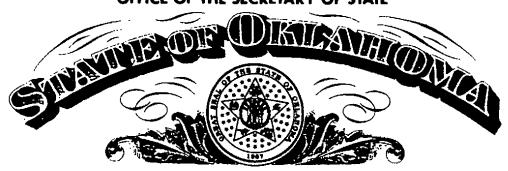
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN 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:

i k.	LC Limited Liability Company; must include "Limited Company"	ited Liabilit	y Company," "L.L.C.," or "L.L.C.	")			
(If name unavailable, enter alternate n	ame adopted for the purpose of legislacting business in I	lorida. The a	Iternate name must include "Limited L	isbility Company," "L.L.C," or "LLC.")			
2. Oklahoma	nich foreign limited liability company is organized)	445669725 (FEI number, if applicable)					
₄ NA							
4. NA	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to deter						
5 110 Daniel Park Circle			110 Daniel Park Circle				
(Street Address of Principal Office) Ponte Vedra, FL 32081			(Mailing Address) Ponte Vedra, FL 32081				
7 Name and street addres	ss of Florida registered agent: (P.O. Bo	x NOT.	accentable)	· · · · · · · · · · · · · · · · · · ·			
	Lisa Monroe	<u></u>	er op more,				
Name:	Lisa Wontec			27			
Office Address:	110 Daniel Park Circle						
	Ponte Vedra,		, Florida 32081	. PH U			
Registered agent's accep	(City)		(Zip od	ede) # - 5			
, "	(Registered agent	's signature)					
8 The name title or con-	acity and address of the person(s) who	hae/have	authority to manage iclare:				
Title or Capacity:	Name and Address:		itle or Capacity:	Name and Address:			
Owner	Lisa Monroe						
	110 Daniel Park Circle Ponte Vedra, FL 32081	 					
		_					
(Use attachments if neces							
	of existence, no more than 90 days old of which it is organized. (If the certific ubmitted)						
	uted in accordance with section 605.02 the Department of State constitutes a t	third degr	ee felony as provided for it				
	L'a Monne						
	Signatu	ere of an auth	orized person				
	Lisa Monroe						

Typed or printed name of signee

OFFICE OF THE SECRETARY OF STATE



CERTIFICATE OF GOOD STANDING DOMESTIC LIMITED LIABILITY COMPANY

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that <u>PRIORITIES CONSULTING</u>, <u>LLC</u> whose registered agent is <u>MATTHEW B EÇKŞTEIN</u>, with its registered office at <u>C/Q ECKSTEIN LAW FIRM PLLC 4334 NW EXPWY STE 273 OKLAHOMA CITY 73116 USA</u> Oklahoma is a <u>Domestic Limited Liability Company</u> duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this <u>2nd</u>, day of <u>February</u>, <u>2018</u>.

Secretary Of State