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M. MILLIGAN MAY 11 2018

COVER LETTER

_	stration Section ion of Corpora					
SUBJECT:	Primal Group Ma	inagement LLC				
		Name of	f Limited Liability	Company		
The enclosed " Existence, and	Application by I check are submi	oreign Limited Liability Con tred to register the above refe	npany for Authoriz renced foreign lim	zation to T nited liabili	ransact Business in Florida," (ity company to transact busine	Certificate of ss in Florida
Please return a.	Il correspondenc	e concerning this matter to the	e following:			
	Richard L. V	Vinston				
		1	Name of Person	-		
	Winston Leg	al Group LLC				
		F	irm/Company			
	1395 Brickel	Avenue, Suite 800				
			Address			
	Miami, FL 3	3131				
		City/S	State and Zip Code	:		
	richard@winst	i -				
		E-mail address: (to be use	d for future annua	report no	dification)	
For further info	rmation concern	ing this matter, please call:				
Richar	rd L. Winston		305 at (668-53	395	
	Name	of Contact Person	Area Code	Day	ytime Telephone Number	
	ING ADDRESS				CADDRESS:	
	on of Corporation ration Section	os I			of Corporations ion Section	
	ox 6327			Clifton B		
Tallaha	assee, FL 32314				ocutive Center Circle see, FL 32301	
Enclosed is a ch	eck for the follo	ing amount:				
■ \$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	☐ \$155,00 Filin Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Certified Copy	ficate

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

N COMPLIANCE WITH SECTION 605.00CD, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Primal Group Management LLC

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

(If more unevalable, enter alternate more adopted for the purpose of trams	cting business in Florids. The alternate sense must include "Limited Liability Company," "L.L.C." or "L.L.	ር.ግ
2. Delaware	3.	
(Jurisdiction under the law of which foreign limited liability company)		-
. April 2 2018		
4. April 2, 2018	n Plorida, if prior to registration.) 2903, F.S. to determine proudly liability)	5
!		*
5. 1101 Brickell Avenue, Suite 800 (Street Address of Principal Office)	6. 1101 Brickell Avenue, Suite 800	H.
Miami, FL 33131	Miami, FL 33131	
c/o Anthony Archer	c/o Anthony Archer	- 0
World I	W Milliant) Audu	- T
<u> </u>		_
7. Name and street address of Florida registered ages	nt: (P.O. Box <u>NOT</u> acceptable)	
Name: CT Corporation System		•
1200 S Pine Island Road		
Office Address: 1200 S Fine Island Road		
Plantation	, Florida 33324	
Registered agent's acceptance:	(City) (Zip code)	
designated in this application; I hereby accept the a to comply with the provisions of all statutes relative and accept the obligations of my position as register	ppointment as registered agent and agree to act in this capacity. I furth to the proper and complete performance of my duties, and I am familia red agent.	her agr er with
	Registered agent's formation Donna Peterson-Riggs, Asst. Secretary	
	t ,	
	son(s) who has/have authority to manage is/are:	
8. The name, title or capacity and address of the per- Title or Capacity: Name and Add	son(s) who has/have authority to manage is/are:	
8. The name, title or capacity and address of the per- Title or Capacity: Name and Addi	son(s) who has/have authority to manage is/are: Title or Capacity: Name and Address:	
8. The name, title or capacity and address of the per- Title or Capacity: MGR Anthony Archer 1101 Brickell Av	son(s) who has/have authority to manage is/are: Title or Capacity: Name and Address:	
8. The name, title or capacity and address of the per- Title or Capacity: MGR Anthony Archer 1101 Brickell Av Miami, FL 3313	son(s) who has/have authority to manage is/are: Title or Capacity: Name and Address:	
8. The name, title or capacity and address of the period of Capacity: MGR Anthony Archer 1101 Brickell A. Mismi, Fl. 3313 Use attachments if necessary) Attached is a certificate of edstence, no more than risdiction under the law of which it is organized. (If	son(s) who has/have authority to manage is/are: Title or Capacity: Name and Address:	in the
8. The name, title or capacity and address of the personal representation of the personal rep	son(s) who has/have authority to manage is/are: ress: Title or Capacity: Name and Address: venue, S-800 1 90 days old, duly authenticated by the official having custody of records in the state of the state o	er oath
8. The name, title or capacity and address of the personal representation of the personal rep	son(s) who has/have authority to manage is/are: Tess: Title or Capacity: Name and Address: venue, S-800 90 days old, duly authenticated by the official having custody of records in the certificate is in a foreign language, a translation of the certificate under the certificate is in a foreign language.	er oath
8. The name, title or capacity and address of the personal region of	son(s) who has/have authority to manage is/are: Tess: Title or Capacity: Name and Address: Yenue, S-800 1 90 days old, duly authenticated by the official having custody of records in the certificate is in a foreign language, a translation of the certificate under the certificate is in a foreign language, a translation of the certificate under the certificate at third degree felony as provided for in s.817.155, F.S.	er oath

Delaware

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "PRIMAL GROUP MANAGEMENT LLC" IS DULY

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

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SEVENTH DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

6353907 8300 SR# 20183417930



Authentication: 202646071

Date: 05-07-18