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CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Date: 8/15/2018

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Name:	Primerica Financial Services, LLC	
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COVER LETTER

TO: Registration Section Division of Corporations				
Data arise Pinessia) Semines III C				
SUBJECT: Primerica Financial Services, LLC Name of I	imited Liability Company			
The enclosed "Application by Foreign Limited Liability Comp				
Existence, and check are submitted to register the above refere	nced foreign limited liabili	ty company to transact business in Florida.		
Please return all correspondence concerning this matter to the	following:			
Stacey K. Geer	c D			
N	ame of Person			
Primerica Financial Services, LLC	_			
Fi	rm/Company			
1 Primerica Parkway				
	Address			
Duluth, GA 30099 City/S	tate and Zip Code			
·	•			
Jillian.Terry@primerica.com E-mail address: (to be use	for future annual report n	otification)		
	,	•		
For further information concerning this matter, please call:				
Sara Frederick		32-3685		
Name of Contact Person	Area Code Da	aytime Telephone Number		
MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations			
Registration Section	Registration Section Clifton Building			
P.O. Box 6327 Tallahassee, FL 32314	2661 Executive Center Circle			
	Tallaha	ssee, FL 32301		
Enclosed is a check for the following amount: \$\Bigsim \text{S125.00 Filing Fee} \Bigsim \$\Bigsim \$\Bigsim \text{\$\Bigsim \$\Bigsim	\$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy		

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:

1. Primerica Financial Ser (Name of Foreign	vices, LLC Limited Liability Company; must include "Limit	led Liability	Company," "L.L.C.," or "LLC.	.")		_
(If name unavailable, onter alternate n	ame adopted for the purpose of transacting business in F	lorida. The al	ternate name must include "Limited I	iability Company	," "L.L.C," or "L	 .i.c.")
					-	·
2. Nevada (Jurisdiction under the law of what is a second	hich foreign limited liability company is organized)	3.	88-0269888 (FEI nu	inber, if applicable	e)	_
4. Upon Qualification					77 en	2016
4. <u></u>	(Date first transacted business in Florida, if prior t (See sections 605 0904 & 605,0905, F.S. to deter	o registration) liability)		/ = (*) - (*) - (*)	≅
5. I Primerica Parkway		6	Same		差型	AUG:
(Street Address of F	rincipal Office)	0,	(Mailing A	ddress)	وتدري	<u></u>
Duluth, GA 30099					<u> </u>	
					7.4	
7. Name and street address	s of Florida registered agent: (P.O. Bo	x <u>NOT</u> :	ecceptable)		ineur Parent	9: 56
Name:	C T Corporation System	_	_ 			
Office Address:	1200 South Pine Island Road					
	Plantation		, Florida <u>33324</u>			
	(City)		(Zip t	:ode)		
	ions of all statutes relative to the prope s of my position as registered agent. By: C T Corporation System		UCAGO HELL		, , , , , , , , , , , , , , , , , , , ,	
	(Registered agent	's signature)	Michele Holden, Asst. S	ecretary		
8. The name, title or cap. <u>Title or Capacity:</u>	acity and address of the person(s) who <u>Nume and Address:</u>	has/have <u>T</u>	authority to manage is/are itle or Capacity:	: <u>Name i</u>	and Addres	: <u>5:</u>
MANAGER	Robert H. Peterman, Jr.					
	1 Primerica Parkway Duluth, GA 30099					
MANAGER	Jeffrey M. Read					
	l Primerica Parkway Duluth, GA 30099					
(Use attachments if neces	ssary)					
9. Attached is a certificate jurisdiction under the law of the translator must be s	e of existence, no more than 90 days oke of which it is organized. (If the certific submitted)	i, duly au ate is in a	thenticated by the official foreign language, a trans	having custo lation of the	ody of record certificate u	ds in the inder oath
10. This document is executed in a document to	outed in accordance with section 605.02 the Department of State constitutes a	third deg	ree felony as provided for	vare that any in s.817.155	false inform , F.S.	ation
	Signat	ure of aan a≥uth	orized person			
	Stacey K. Geer					

Typed or printed name of signee

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified 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, corporation soles, 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, PRIMERICA FINANCIAL SERVICES, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 20, 1991, and is in good standing in this state.

S DE VAD

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 13, 2018.

Barbara K. Cegarste

Barbara K. Cegavske Secretary of State

Electronic Certificate Certificate Number: C20180813-0568