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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 14, 2018

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: PROSPERRIAN TRUST LLC

Ref. Number: W18000098974

We have received your document for PROSPERRIAN TRUST LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

According to section 605.0902, Florida Statutes, the application for Certificate of Authority must be made on the forms prescribed and furnished by the Department of State. Therefore, your application is being returned and the correct form is enclosed.

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) 245-6051.

Mease keep original file

Dionne M Scott Regulatory Specialist II

Letter Number: 518A00023341

Thank you!

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P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

11/13/18

NAME:

PROSPERRIAN TRUST LLC

TYPE OF FILING: APPLICATION

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION:

ABBIE/PAUL HODO

* File Second*

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.	Prosperrian Trust LLC (Name of Foreign		y Company; must include "Li	nited Liability Co.	mpany," "L.L.C.," or "LLC.	")	_
(If	name unavailable, enter alternate n	same adopted for the	e purpose of transacting business in	Florida. The alternal	te name must include "Limited L	iability Company," "L.L.C," or "LI	_
2. Nevada (Jurisdiction under the law of which foreign limited liability company is organized)					(FEI number, if applicable)		
1	The company will beg	in transacting	s business in Florida foll	owing the filin	g of this application.		
٦.			ensected business in Florida, if prios 5 605.0904 & 605.0905, F.S. to det				
5.	9045 Strada Stell Cour			6. 9045 Strada Stell Court, Suite 500			
(Street Address of Principal Office) Naples, Florida 34109			(Mailing Address) Naples, Florida 34109				
					5103, 1 1011da 54107		-
			 -			, , , , , , , , , , , , , , , , , , , ,	-
7.	Name and street addres	<u>s</u> of Florida 1	egistered agent: (P.O. B	ox <u>NOT</u> acce	otable)		
	Name: Corporation Service Company						
	Office Address:	1201 Hays	Street				
	Office Address:						
		Tallhassee	(City)	<u> </u>	, Florida <u>32301</u>	de)	
	gistered agent's accept		• •			d liability company, at the	Γ_{i}
to	comply with the provisions d accept the obligations	ons of all sta	tutes relative to the propon as registered agent.	er and comple	te performance of my C	in this capacity. I furth duties, and I am familio arrie Pugh >> Vice President	ar with
			(Registered ages	Pasighather)	7.001	Medica LiesideNt	
8.	The name, title or capacity:		ess of the person(s) who me and Address:		ority to manage is/are: r Capacity:	Name and Address:	
	President and Trust Of	fficer Wi	liam E. Thomas				
			5 Strada Stell Ct, Ste 50 bles, Florida 34109	0			
							
(U:	se attachments if necessa	ary)	_				
uri.	Attached is a certificate of sdiction under the law of the translator must be sub-	f which it is o	no more than 90 days old organized, (If the certific	i, duly authenti ate is in a forei	cated by the official hagn language, a translat	iving custody of records ion of the certificate und	in the er oath
0. ubi	This document is execut mitted in a document to t	ted in accord the Departme	ance with section 605.02 nt of State constitutes a t	03 (1) (b), Flor hird degree fel	ida Statutes. I am awar ony as provided for in	e that any false informati s.817.155, F.S.	on
	_		& nome	re of an authorized pe		· ·····	
			Signatu	re of an authorized pe	er so zi		
	,	William E. T	homas, President				
	-			or printed name of sig	mee		

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, **PROSPERRIAN TRUST 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 August 18, 2017, and is in good standing in this state.

OF THE PARTY OF TH

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 15, 2018.

Bollars K. Cagarske

Barbara K. Cegavske Secretary of State

Electronic Certificate

Certificate Number: C20180815-1673