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D SCOTT MAY 1 6 2019



May 3, 2019

GINA KOPERA 10610 PLANTATION BAY DR TAMPA, FL 33647

SUBJECT: PRIMIS REAL ESTATE INVESTMENTS, LLC

Ref. Number: W19000043286

We have received your document for PRIMIS REAL ESTATE INVESTMENTS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 019A00008940

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## COVER LETTER

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SUBJEC		EAL ESTATE	INVESTMENTS, I	LLC					
освят.		Name of Limited Liability Company							
The encl Existence	osed "Applicati e, and check are	on by Foreign L submitted to re	Limited Liability Co egister the above re	ompany for Authoriza ferenced foreign limi	ttion to Transact Business in F ted liability company to transa	Florida." Certi act business ii	ificate of 1 Florida.		
Please re	turn all corresp	ondence concer	ning this matter to	the following:					
	GINA	KOPERA							
				Name of Person					
	PRIM	IS REAL ESTA	ATE INVESTMEN	TS, LLC		rča			
Firm/Company					- <del></del>	T			
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	GINA@	@PRIMISREAL		y/State and Zip Code		0 C C C C C C C C C C C C C C C C C C C			
	*	E-m	ail address: (to be u	used for future annua	report notification)	<del></del>			
For furth	er information o	concerning this	matter, please call:						
	GINA KOPER	A		813 at (	690-8677				
		Name of Con	tact Person	Area Code	Daytime Telephone Nu	ımber			
	MAILING AD Division of Cor Registration Se P.O. Box 6327 Tallalmssee, FI	rporations etion			STREET ADDRESS: Division of Corporations Registration Section Clirton Building 2661 Executive Center Circle Tallahassee, FL 32301	ic			
					Filing Fee & S160.00	) Filing Fee, ( as & Certified			

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: PRIMIS REAL ESTATE INVESTMENTS, 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.E.C." or "L.E.C.") STATE OF IOWA (Jurisdiction under the law of which foreign limited hability company is organized) (F.A number, if applicable) NEVER HAVE TRANSACTED BUSINESS IN FLORIDA (Date first transacted business in Florida, if prior to registration.)

10610 PLANTATION BAY DR	6.	10610 PLANTATION BAY D		28 18 HA
(Street Address of Principal Office)	(1.	(Mailing Address)	25471 25471	-<
TAMPA, FL 33647		TAMPA. FL 33647	33.55 7.7.7	<u>.,</u>
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			<del></del>	<del>-9</del> -

Name:	GINA KOPERA	<del></del>
Office Address:	10610 PLANTATION BAY DR	
	TAMPA	33647 , Florida
	(City)	(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.

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
Manager	Name: GINA KOPERA	Manager	Name:	<del>_</del>
Member	Address: 10610 PLANTATION BAY DF	Member	Address:	
Authorized	TAMPA, FL 33647	Authorized		
Person		Person		
Other	Other	Other		Other
Manager	Name:	☐ Manager	Name:	
Member	Address:	Member		
Authorized		Authorized		
Person		Person		
Other	Other	Other		[a]Other
Manager	Name:	Manager	Name:	
Member	Address:	Member	Address:	<b>≂ ○</b>
Authorized		Authorized		
Person		Person		
Other	Other	Other		Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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)
- 10. 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.

Signature of an authorized person

GINA KOPERA

Typed or printed name of signee

# IOWA SECRETARY OF STATE PAUL D. PATE



## CERTIFICATE OF EXISTENCE

Issue Date: 5/8/2019

Name: PRIMIS REAL ESTATE INVESTMENT, LLC. (489DLC - 537415)

Date of Incorporation: 1/10/2017

**Duration: PERPETUAL** 

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. The Secretary of State has not administratively dissolved the limited liability company.
- e. The Secretary of State has not filed either a statement of dissolution or statement of termination.

Certificate ID: CS167787

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

Paul D. Pate, Iowa Secretary of State

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