

M1900000742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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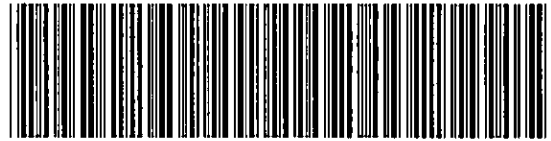
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 22, 2019

LAURA KEATE
4210 S INDUSTRIAL DRIVE, STE 100
AUSTIN, TX 78744

SUBJECT: TEXAS DEALER SOLUTIONS
Ref. Number: W19000066778

We have received your document for TEXAS DEALER SOLUTIONS and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please add an LLC suffix to the alternate name,

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.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 519A00014873

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Prime Asset LLC dba Texas Dealer Solutions
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Laura S. Keate

Name of Person

Prime Asset LLC dba Texas Dealer Solutions

Firm/Company

4210 S. Industrial Drive Suite 100

Address

Austin, Texas 78744

City/State and Zip Code

ckeate.wyutexas@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kenneth Craig Keate

Name of Contact Person

at (432)

Area Code

353-0741

Daytime 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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$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. Prime Asset LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. Texas Dealer Solutions LLC
(If name unavailable, current alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
3. 90-1252227
(FEI number, if applicable)
4. No business transacted to date - no prior registration
(Date first transacted business in Florida, if prior to registration.
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability).)
5. 4210 S. Industrial Drive
(Street Address of Principal Office)
6. Same
(Mailing Address)
- Suite 100
- Austin, Texas 78744

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: LEGALINK CORPORATE SERVICES INC.

Office Address: 5237 Summerlin Commons, Suite 400
Fort Myers, Florida 33907
(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.

Patty Schmitt
Registered agent's signature

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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:

☒ Manager

Name: Laura S. Keate

☒ Member

Address: 4210 S. Industrial Drive

☐ Authorized

Suite 100

Person

Austin, TX 78744

☐ Other

☐ Other

Title or Capacity:

Name and Address:

☒ Manager

Name: Alan C. Keate

☒ Member

Address: 4210 S. Industrial Dr.

☐ Authorized

Suite 100

Person

Austin, TX 78744

☐ Other

☐ Other

☐ Manager

Name: Kyle R. Keate

☐ Member

Address: 4210 S. Industrial Dr.

☒ Authorized

Suite 100

Person

Austin, TX 78744

☐ Other

☐ Other

☐ Manager

Name: Austin A. Keate

☐ Member

Address: 4210 S. Industrial Dr.

☒ Authorized

Suite 100

Person

Austin, TX

☐ Other

☐ Other

☐ Manager

Name: Kenneth Craig Keate

☐ Member

Address: 118 Songbird Drive

☒ Authorized

Fredericksburg, TX 78624

Person

☐ Other

☐ Other

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ 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.

Laura S. Keate

Signature of an authorized person.

Laura S. Keate

Type or printed name of signer

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Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Jose A. Esparza
Deputy Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Prime Asset LLC (file number 803085183), a Domestic Limited Liability Company (LLC), was filed in this office on July 30, 2018.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on July 03, 2019.



A handwritten signature of Jose A. Esparza, consisting of stylized initials and a long horizontal stroke.

Jose A. Esparza
Deputy Secretary of State