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COOK SINGS

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	Prime Foundation, LLC.					
Name of Limited Liability Company						
The end Existen	closed "Application by Foreign Limited Liability Conce, and check are submitted to register the above refe	npany for Authorization to Transact Business in Florida," Certificate of renced foreign limited liability company to transact business in Florida.				
Please	return all correspondence concerning this matter to th	e following:				
	Jeanine Walker					
	7	Name of Person				
	Prime Foundation, LLC.					
	E	Firm/Company				
	PO Box 2223					
		Address				
	Douglasville Ga 30133					
	City/	State and Zip Code				
	jeanine@primeconstructionga.com					
	E-mail address: (to be us	ed for future annual report notification)				
For fur	ther information concerning this matter, please call:					
Jeanine Walker		770 489-4313 at ()				
	Name of Contact Person	Area Code Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$\Begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						

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:

i name unavailable, enter alternate na	me adopted for the purpose of transacting business in F	lorida The	alternate name must include "Limited Lis	bility Company," "L. L. C," or "I
Georgia		,	20-2538555	
(Jurisdiction under the law of whi	ich foreign limited hability company is organized)	3.	(FEI numbe	r, if applicable)
N/A				
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	registration) liability)	
8473 Earl D Lee Blvd			PO Box 2223	
reet Address of Principal Office)		6.	(Mailing Address)	
Suite 100				
Douglasville Ga 30134			Douglasville Ga 30133	
Name and street address	of Florida registered agent: (P.O. Box	x <u>NOT</u> a	cceptable)	
Name:	Jesse Robinson			
Office Address:	4020 Dancing Cloud Ct. Unit 379			
	Destin		32541 , Florida	Market By
	(City)		(Zip code)	

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: Paul H Robinson, III (Trey)	□Manager	Name: Jesse Robinson
□Member	Address: 5458 W Chapel Hill Rd	■Member	Address: 4020 Dancing Cloud Ct
□Authorized	Douglasville Ga 30134	□Authorized	Unit 379
Person		Person	Destin Fl 32541
□Other	Other	Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□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.

Paul Robinson, III (Trey)

Typed or printed name of signee

Control Number: 0521935

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

PRIME FOUNDATION, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 19160379 Date Inc/Auth/Filed : 03/21/2005 Jurisdiction : Georgia Print Date : 05/26/2020

Form Number : 211



Brad Raffangerger

Brad Raffensperger Secretary of State