M20000006370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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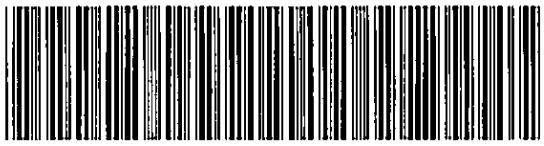

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KDDK

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July 9, 2020

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FLORIDA DEPARTMENT OF STATE
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RE: Prime Edge Leasing, LLC

To Whom It May Concern:

Enclosed on behalf of our client, Prime Edge Leasing, LLC are the following:

1. Cover Letter;
2. Application by Foreign Limited Liability for Authorization to Transact Business in Florida;
3. Certificate of Existence issued by the Indiana Secretary of State, and
4. our firm's check in the amount of One Hundred Sixty Dollars ($160.00).

Also enclosed is a self-addressed stamped envelope for your convenience in returning a copy to me.

If you have any questions, please call me.

Very truly yours,

KAHN, DEES, DONOVAN & KAHN, LLP

Mark S. Samila

MS1/rgt/474404
Enclosures

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Prime Edge Leasing, LLC
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:

Mark S. Samila
Name of Person

Kahn Dees Donovan & Kahn LLP
Firm/Company

501 Main Street, Suite 305
Address

Evansville, IN 47708
City/State and Zip Code

msamila@kddk.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Mark S. Samila at (812) 423-3183
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**

☐ $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 Edge Leasing, 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.L.C." or "LLC.")

2. Indiana
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 200 N. Green River Road
Evansville, IN 47716
(Street Address of Principal Office)

6. 200 N. Green River Road
P.O. Box 5186
Evansville, IN 47716
(Mailing Address)

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

Name: Sandra T. Lynn

Office Address: 7 Barracuda Lane

Key Largo (City), Florida 33037 (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.

_____
(Registered agent's signature)

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: Raymond L. Farabaugh	☐Manager	Name: Michael J. O'Daniel
☐Member	Address: 200 N. Green River Road	☐Member	Address: 200 N. Green River Road
■Authorized	P.O. Box 5186	■Authorized	P.O. Box 5186
Person	Evansville, IN 47716	Person	Evansville, IN 47716
☐Other_____	☐Other_____	☐Other_____	☐Other_____
☐Manager	Name: D-Patrick, Inc.	☐Manager	Name:
■Member	Address: 200 N. Green River Road	☐Member	Address:
☐Authorized	P.O. Box 5186	☐Authorized	
Person	Evansville, IN 47716	Person	
☐Other_____	☐Other_____	☐Other_____	☐Other_____
☐Manager	Name:	☐Manager	Name:
☐Member	Address:	☐Member	Address:
☐Authorized		☐Authorized	
Person		Person	
☐Other_____	☐Other_____	☐Other_____	☐Other_____

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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

Raymond L. Farabaugh

Typed or printed name of signee

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

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PRIME EDGE LEASING, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on July 02, 2020, and was in existence or authorized to transact business in the State of Indiana on July 09, 2020.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.

SEAL OF THE STATE OF INDIANA 1816

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, July 09, 2020

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

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All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate

Expires on August 08, 2020.