

Division of Corporations

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN, PLLC  
Account Number : 072720090266  
Phone : (941) 366-4900  
Fax Number : (941) 552-7141

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please

Email Address: lpigg@ipavastatebank.com

Foreign Limited Liability Company  
3PRIME FINANCIAL, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
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**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. 3PRIME FINANCIAL, 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. ILLINOIS 3. 84-3160252  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

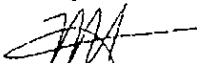
4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration. (See sections 605.0904 & 605.0905, F.S. to determine penalty liability))

5. 1292 EAST JUNIPER STREET 6. 1292 EAST JUNIPER STREET  
(Street Address of Principal Office) (Mailing Address)  
CANTON, IL 61520 CANTON, IL 61520  
\_\_\_\_\_ \_\_\_\_\_

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

Name: CROSS STREET CORPORATE SERVICES, LLC  
Office Address: 200 SOUTH ORANGE AVENUE  
SARASOTA, Florida 34236  
(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.*

  
(Registered agent's signature)  
MICHAEL J. WILSON, As its Vice President

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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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Lewis Pigg</u>	<input type="checkbox"/> Manager	Name: <u>Joseph Dietz</u>
<input type="checkbox"/> Member	Address: <u>1292 East Juniper Street</u>	<input type="checkbox"/> Member	Address: <u>1292 East Juniper Street</u>
<input type="checkbox"/> Authorized Person	<u>Canton, IL 61520</u>	<input type="checkbox"/> Authorized Person	<u>Canton, IL 61520</u>
<input checked="" type="checkbox"/> Other <u>AMBR</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>AMBR</u>	<input type="checkbox"/> Other _____


<input type="checkbox"/> Manager	Name: <u>Trevor Hiel</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>1292 East Juniper Street</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>Canton, IL 61520</u>	<input type="checkbox"/> Authorized Person	_____
<input checked="" type="checkbox"/> Other <u>AMBR</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

**LEWIS PIGG, Authorized Person**  
 \_\_\_\_\_  
 Typed or printed name of signer

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File Number 0811596-6



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

3PRIME FINANCIAL, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 19, 2019, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 3RD day of NOVEMBER A.D. 2020 .***

*Jesse White*

SECRETARY OF STATE

Authentication #: 2030801836 verifiable until 11/03/2021  
Authenticate at: <http://www.cyberdriveillinois.com>