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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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21 NOV 29 AM 11:06
STATE OF CALIFORNIA

T. LEMIEUX
DEC - 4 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Primecast 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:

Florentin Botez
Name of Person
Primecast LLC
Firm/Company
3418 Northern Blvd. Suite 408
Address
Long Island City, NY 11101
City/State and Zip Code
florin.botez@primecast.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Florentin Botez at (917) 5193017
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. Princast 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. NY
(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. 55 NE 5th St. Apt 4909
(Street Address of Principal Office)

6. 55 NE 5th St. Apt 4909
(Mailing Address)

Miami, FL 33132

Miami, FL 33132

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

Name: Florentin Botez

Office Address: 55 NE 5th St. Apt 4909

Miami, Florida 33132
(City) (Zip code)

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STATE OF FLORIDA

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.

Florentin Botez

(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]:

<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: Florentin Botez	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 55 NE 5th St. Apt 4909	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Miami, FL 33132	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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.

Florentin Botez

Signature of an authorized person

Florentin Botez

Typed or printed name of signee

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROSSANA ROSADO, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: PRIMCAST LLC
DOS ID Number: 3905310
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 01/27/2010

Statement Status: PAST DUE DATE
Statement Due Date: 01/31/2020

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State,
at the City of Albany, on November 15, 2021 at 11:45 A.M.

ROSSANA ROSADO, Secretary of State



By Brendan C. Hughes
Executive Deputy Secretary of State



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Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>

**NEW YORK STATE DEPARTMENT OF STATE
DIVISION OF CORPORATIONS, STATE RECORDS AND UNIFORM COMMERCIAL CODE
FILING RECEIPT**

ENTITY NAME : PRIMCAST LLC
DOCUMENT TYPE : BIENNIAL STATEMENT
ENTITY TYPE : DOMESTIC LIMITED LIABILITY COMPANY

DOS ID : 3905310
FILE DATE : 11/19/2021
FILE NUMBER : 211119002440
TRANSACTION NUMBER : 202111190002701-382223
EXISTENCE DATE : 01/27/2010
DURATION/DISSOLUTION : PERPETUAL
COUNTY : KINGS



SERVICE OF PROCESS ADDRESS : THE LLC
6030 75TH ST.,
MIDDLE VILLAGE, NY, 11379, USA

REGISTERED AGENT : FLORENTIN BOTEZ
6030 75TH ST.,
MIDDLE VILLAGE, NY, 11379, USA

FILER : FLORENTIN BOTEZ
6030 75TH ST.,
MIDDLE VILLAGE, NY, 11379, USA

You may verify this document online at : <http://ecorp.dos.ny.gov>

AUTHENTICATION NUMBER : 100000665352

TOTAL FEES:	\$9.00	TOTAL PAYMENTS RECEIVED:	\$9.00
FILING FEE:	\$9.00	CASH:	\$0.00
CERTIFICATE OF STATUS:	\$0.00	CHECK/MONEY ORDER:	\$0.00
CERTIFIED COPY:	\$0.00	CREDIT CARD:	\$9.00
COPY REQUEST:	\$0.00	DRAWDOWN ACCOUNT:	\$0.00
EXPEDITED HANDLING:	\$0.00	REFUND DUE:	\$0.00