

Florida Department of State

Division of Corporations
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(((H220001161163)))



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To:

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

From:

Account Name : GERALD WEINBERG, P.C.
Account Number : I20030000043
Phone : (800)342-9856
Fax Number : (800)354-3381

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

Email Address: _____

**Foreign Limited Liability Company
PRIME COMMERCE, LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$125.00 |

2022 MAR 30 PM 2:08

SECRETARY OF STATE
FALL GOSPEL FLORIDA

2022 MAR 30 AM 10:59

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Corporate Filing Menu

T. LEMIEUX

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MAR 31 2022

(H220001161163)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN 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 COMMERCE, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. NEW YORK

(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)

215 CANDLEWOOD ROAD

5. (Street Address of Principal Office)

BAY SHORE, NEW YORK 11706

215 CANDLEWOOD ROAD

6. (Mailing Address)

BAY SHORE, NEW YORK 11706

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

Name:

INCORPORATING SERVICES, LTD.

Office Address:

1540 GLENWAY DRIVE

TALLAHASSEE

(City)

, Florida

32301

(Zip code)

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SECRETARY OF STATE
TALLAHASSEE, 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./s/ Melissa A. Moreau - Assistant Secretary
(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]:

| <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>KYLE CIOLINO</u> | <input type="checkbox"/> Manager | Name: <u>ANTHONY CIOLINO</u> |
| <input checked="" type="checkbox"/> Member | Address: <u>122 DOUGHEERTY AVE.</u> | <input checked="" type="checkbox"/> Member | Address: <u>94 EMPRESS PINES DR.</u> |
| <input type="checkbox"/> Authorized | <u>HOLBROOK, NY 11741</u> | <input type="checkbox"/> Authorized | <u>NESCONSET, NY 11760</u> |
| Person | _____ | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: <u>MARTIN KELLY</u> | <input type="checkbox"/> Manager | Name: <u>SAVERIO PUGLIESE</u> |
| <input checked="" type="checkbox"/> Member | Address: <u>71 ZEREGA AVENUE</u> | <input checked="" type="checkbox"/> Member | Address: <u>12 STONEHILL DR.</u> |
| <input type="checkbox"/> Authorized | <u>BRONX, NY 10473</u> | <input type="checkbox"/> Authorized | <u>MANHASSET, NY 11030</u> |
| 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.

S/ Kyle Ciolino

Signature of an authorized person

KYLE CIOLINO

Typed or printed name of signer

(Hawthorn 6116 3)

STATE OF NEW YORK

DEPARTMENT OF STATE

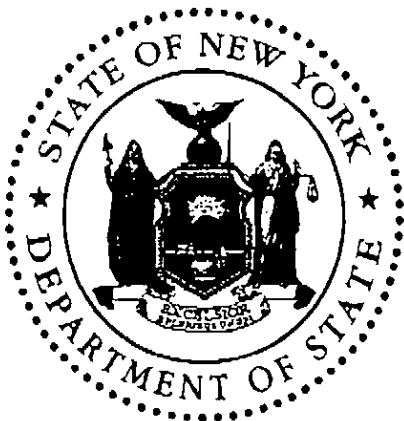
Certificate of Status

I, ROBERT J. RODRIGUEZ, 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: PRIME COMMERCE, LLC
DOS ID Number: 5172949
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 07/20/2017

Statement Status: CURRENT
Statement Due Date: 07/31/2023

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 March 28, 2022 at 02:21 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State