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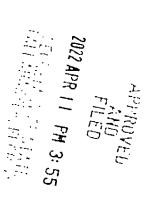
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APR 1 2 **2022** K. Brumbley

## **CT CORP**

## 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

**Date:** 04/11/2022

D	Acc#120160000072
	Acc#120160000072
Name:	Prima Partners LLC
Document #:	
Order #:	14259933
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Thank you!

### COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Physical Company  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:
Marco Pompeo
Phma Partners LLC Firm/Company
2201 Main Street
Pittshurgh, PA 15215 City/State and Zip Code
For further information concerning this matter, please call:
Marco Pompeo at (4-12) 784-1100  Name of Contact Person Area Code Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT OF STATE  [] \$125,00 Filing Fee

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN ELOPIDA

IN COMPLIANCE WITH SECTION 605 0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TEMITED HABILITY	
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:  1.	,
(If name marvailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.E.C." or "ELC.")	
2. Pennsylvania (Jurisdiction under the law of which foreign limited hability company is organized)  3. 87-2885281 (Fill 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 limbility)	
5. 2201 Main Street  6. 201 Main Street  (Street Address of Principal Office)	
Pittsburgh, PA 15015 Pittsburgh, PA 15015	
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name: CT Corporation System	ri p
Office Address: 1200 South Pine Island Road	<i>R</i> 0.
Plantation, Florida 33324 & & C	
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.  CT Corporation System  /s/ David Westcott, Assistant Secretary	?

(Registered agent's signature)

manage [up to six (6) total]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: □Manager ∐Manager Member Member □Authorized □ Authorized Person Person □Other Other\_ Other. □Other □Manager □Manager (Member □Member (XAuthorized □ Anthorized Person Person □Other\_ □Other\_ □Other □Other []Manager []Manager □Member □Member Address: \_ MAuthorized  $\square$  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. Nonindexed 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.

Typed or printed name of signee

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

04/07/2022

#### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

### Prima Partners LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

THE COLLEGE OF THE CO

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC220407141918-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify