M23000002766

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



400402197494

202-F: 12 5111: Co

S. ROBERTS MAR - 6 2023

COVER LETTER

No. 1 × × ×

BJECT:	PRIORITY FUNDS IT INCOME FOCUS, I	J.C		
	Name	of Limited Liability (Company	
e enclosed ' istence, and	'Application by Foreign Limited Liability C check are submitted to register the above r	Company for Authoriza referenced foreign limi	ation to Transact Business in Florida," Certific ited liability company to transact business in Fl	
ase return a	dl correspondence concerning this matter to	the following:		
	Lynn Rose			
	-	Name of Person		
	Phelps Dunbar, LLP			
		Firm/Company		
	365 Canal Street, Suite 2000			
		Address	-	
	New Orleans, LA 70130			
	C	ity/State and Zip Code		
	jrenne@priorityfunds.com			
	E-mail address: (to be	used for future annua	l report notification)	
or further inf	formation concerning this matter, please cal	ıl:		
Lynn Rose		504	566-1311 ext. 1434	
	Name of Contact Person	Area Code	Daytime Telephone Number	
Mailing Address:		Street Address:		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
tan	ahassee, FL 32314	Tallahassee, I		
	osed is a check for the following amount: se make check payable to: FLORIDA DEP	PARTMENT OF STA	NTE	
	125.00 Filing Fee ☐ \$130.00 Filing Fee Certificate €	e & 📃 \$155.00 Fi		

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

IN COMPHANCE WITH SECTION (05.0002, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREKIN LIMITED HABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

	INCOME FOCUS, LLC Limited Liability Company, must include "Limite	ori Takilia	. C		
(Name of Poleign	Emitted Galority Company, must include Tarmite	u manini	y Compa	ny, L.L.C., or LLC.)	
(If name unavailable, enter alternate)	name adopted for the purpose of transacting business in F	londa The	alternate i	name musi include "Limited Liability Company," "	L.L.C," or "LLC,"
Delaware 2.		3	92-14	88826	
2. (Ourisdiction under the law of which foreign limited liability company is organized)			. (FEI number, if applicable)		
4.					
<u></u> -	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration	r.) Tiabilīty (
710 Sunset Road 5. (Street Address of Principal Office)			710 St	inset Road	
(Street Address of Principal Office)			()	failing Address)	
West Palm Beach, FL	33401		West I	Palm Beach, FL 33401	
	· -			•	262
	· · · · · · · · · · · · · · · · · · ·			· · ·	2023 FF. 3
Name and street address	ss of Florida registered agent: (P.O. Box	: NOT :	эссерtа	ble)	: ,
			•	·	
Name:	John L. Renne				MH 26
Office Address:	710 Sunset Road				26
	West Palm Beach			33401 . Florida	
	(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 statetes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as fregistered 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: Name: Priority Funds Management, LLC □Manager □ Manager Name: _____ 710 Sunset Road **■**Member □Member Address: West Palm Beach, Fl. 33401 □ Authorized □ Authorized Person Person □Other___ □Other____ □Other_____ Other_____ Name: John L. Renne ■Manager □Manager Address: ____ □Member ☐ Member Address: ____ West Palm Beach, FL 33401 □ Authorized □Authorized Person Person □Other___ □Other____ □Other_____ □Other____ ■Manager Name: _____ Name: _____ □ Manager □Member Address: □Member Address: □ Authorized □ 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 signer

L. Renne, Manager

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PRIORITY FUNDS II INCOME FOCUS, LLC"

IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRIORITY FUNDS

II INCOME FOCUS, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF

DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202540608

Date: 01-20-23