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bobbie.lippincott@assetdefenseteam.com

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Bobbie Lippincott I20240000047

phone: 850-899-0371

fax: 888-551-7938

email:

bobbie.lippincott@assetdefenseteam.com

K. SALY APR 1 8 2024

COVER LETTER

TO:	Registratio Division of	n Section Corporations				
SUBJ	ECT:	PRIME PACT LLC				
		Name	of Limited Liability Com	pany		
				n to Transact Business in Florida," Certificate of liability company to transact business in Florida.		
Please	return all corr	espondence concerning this matter to	o the following:			
		BOBBIE LIPPINCOTT				
			Name of Person			
			Firm/Company			
		PO BOX 247				
			Address			
		PORT ST JOE, FL 32457				
		C	ity/State and Zip Code			
		bobbie.lippincott@assetdefense	eteam.com			
			used for future annual rep	ort notification)		
For fu	ther informati	on concerning this matter, please cal	1:			
		BOBBIE LIPPINCOTT	at (850)	899-0371		
		Name of Contact Person	Area Code	Daytime Telephone Number		
	Mailing Ad Registration		Street Address: Registration Secti	on		
	Division of	of Corporations	Division of Corp			
	P.O. Box	6327	The Centre of Tallahassee			
	Tallahasse	ж, FL 32314	2415 N. Monroe Tallahassee, FL 3			
		a check for the following amount: check payable to: FLORIDA DEP Filing Fee	& 🗆 \$155.00 Filing	- ·		

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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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

TPETERSBURG, FL 33702 Name: REGISTERED AGENTS INC. REW YORK 13. (PEI number, if applicable) (PEI number, if applicable)	(Deto first transacted business in Plorida, if prior to registration.) (See sections 605.0904 & 605.0905, P.S. to determine penalty liability) 4TH ST N STE 300 4TH ST N STE 300 5T PETERSBURG, FL 33702 ST PETERSBURG, FL 33702 ST PETERSBURG, FL 33702 ST PETERSBURG, FL 33702 and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: REGISTERED AGENTS INC.			nited Liability (Company," "L.L.C.,	" or "LLC.")	
NEW YORK indiction under the law of which foreign limited liability company is organized) (PHI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 603.0904 & 603.0905, F.S. to determine penalty liability) (POI 4TH ST N STE 300 (Mailing Address) FPETERSBURG, FL 33702 ST PETERSBURG, FL 33702 me and street address of Florida registered agent: (P.O. Box NOT acceptable)	W YORK Stron under the law of which threign limited liability company is organized) (PFI number, if applicable) (Deta first transacted business in Pforida, if prior to registration.) (See sections 603.0904 & 603.0905, P.S. to determine penalty liability) 4TH ST N STE 300 6. 7901 4TH ST N STE 300 (Mailing Address) ETERSBURG, FL 33702 ST PETERSBURG, FL 33702 ST PETERSBURG, FL 33702 and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: REGISTERED AGENTS INC.						
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red agent's acceptance: been named as registered agent and to accept service of process for the above stated limited liability company.	ed agent's acceptance: een named as registered agent and to accept service of process for the above stated limited liability company at the	Name: Office Address: red agent's accept been named as reg	REGISTERED AGENTS INC. 7901 4TH ST N STE 300 ST PETERSBURG (City) ance: elstered agent and to accept service and to accept and to accept and to accept and to accept accept accept and to accept	of process fo	, Florida _		bility company at the
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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

Title or Capacity:	Name and Address:	Title or Capacit	ty:	Name and Address:
Manager	Name: <u>JOSEPH MORALES</u>	□Manager	Name:	·-
Member	Address: 7901 4TH ST N STE 300	□Member	Address: _	
Authorized	ST PETERSBURG, FL 33702	□Authorized		
Person		Person		
Other	Other	□Other		□ Other
Manager	Name:	□Manager	Name:	
Member	Address:	□Member	Address: _	
Authorized		□Authorized		
Person		Person		
Other	Other	□Other		□Other
Manager	Name:	□Manager	Name:	
Member	Address:	□Member	Address:	-
Authorized		□Authorized		
Person		Person		
Out		□Other		□Other

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 1 am aware that any false information

Joseph Morales
Signature of an authorized person

JOSEPH MORALES Typed or printed name of signee

submitted in a document to the Department of State constitutes a third degree felony as provided for in 8.817.155, F.S.

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 PACT LLC

DOS ID Number: 5833713

Entity Type: DOMESTIC LIMITED LIABILITY COMPANY

Entity Status: EXISTING

Date of Initial Filing with DOS: 09/11/2020

Statement Status: CURRENT Statement Due Date: 09/30/2026



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 12, 2024 at 03:09 P.M.

Brandon C. Hughan

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

Authentication Number: 100005356633 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ccorp.dos.ny.gov