

3/30/22

Mar. 30. 2022 9:35AM

GEALD WEINBERG

Division of Corporations

No. 1244 P. 1

**M220001161163**

Florida Department of State  
Division of Corporations  
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2022 MAR 30 PM 2:08

Foreign Limited Liability Company  
PRIME COMMERCE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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SECRETARY OF STATE  
FALL GASSE, FLORIDA

2022 MAR 30 AM 10:59

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(H220001161163)

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. 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)

5. 215 CANDLEWOOD ROAD (Street Address of Principal Office)

6. 215 CANDLEWOOD ROAD (Mailing Address)

BAY SHORE, NEW YORK 11706

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, Florida 32301 (City) (Zip code)

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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.

Melissa A. Moreau - Assistant Secretary (Registered agent's signature)

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(H220001161163)

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:**

Manager                      Name: KYLE CIOLINO

Member                      Address: 122 DOUGHEERTY AVE.

Authorized                      HOLBROOK, NY 11741

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

**Title or Capacity:**                      **Name and Address:**

Manager                      Name: ANTHONY CIOLINO

Member                      Address: 94 EMPRESS PINES DR.

Authorized                      NESCONSET, NY 11760

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager                      Name: MARTIN KELLY

Member                      Address: 71 ZEREGA AVENUE

Authorized                      BRONX, NY 10473

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager                      Name: SAVERIO PUGLIESE

Member                      Address: 12 STONEHILL DR.

Authorized                      MANHASSET, NY 11030

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager                      Name: \_\_\_\_\_

Member                      Address: \_\_\_\_\_

Authorized                      \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager                      Name: \_\_\_\_\_

Member                      Address: \_\_\_\_\_

Authorized                      \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_                       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

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