# M10000003306

| (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: |  |  |
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Office Use Only



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C. LEWIS

JUL 2 7 2010

EXAMINER

#### COVER LETTER

Registration Section Division of Corporations Prime Asset Fund III, LLC SUBJECT: \_ 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: Kim Falato Name of Person Prime Asset Fund III, LLC Firm/Company **PO BOX 447** Address Odessa, Florida 33556 City/State and Zip Code Kim@PrimeAssetFund.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kim Falato at (813) 962 Area Code & Daytime Telephone Number Name of Person **MAILING ADDRESS: STREET ADDRESS:** Division of Corporations Division of Corporations Registration Section Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount: \$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & | \$160.00 Filing Fee, Certificate

Certificate of Status

Certified Copy

of Status & Certified Copy



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 20, 2010

KIM FALATO /PRIME ASSET FUND III, LLC PO BOX 447 ODESSA, FL 33556

SUBJECT: PRIME ASSET FUND III, LLC

Ref. Number: W10000033959

We have received your document for PRIME ASSET FUND III, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis Regulatory Specialist II

Letter Number: 710A00017550

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Prime Asset Fund III, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability March 18, 2010 (Duration Year limited liability company wil (Date of Organization) exist or "perpetual") (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. PO BOX 447 Odessa, Florida 33556 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: JJJ Family LLIP POBOX 447 Odessa 10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) Real Estate 11. Nature of business or purposes to be conducted or promoted in Florida:

Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Jamie Rand
Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

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| 1. The name of the Limited Liability Company is:                                   | ALCO I                 |
|--|------------------------|
| Prime Asset Fund III, LLC  | 2 % M                  |
| If unavailable, the alternate to be used in the state of Florida is:               | A a si                 |
| 2. The name and the Florida street address of the registered agent and office are: | Bactually              |
| JJJ FAMILY LLLD (Name)   | _ PO BOX '             |
| Florida Street Address (P.O. Box NOT ACCEPTABLE)                                   | _ /Odessa,<br>FL 33552 |
| Lutz, FL _ 33548 _   |                        |

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **PRIME ASSET FUND III, LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 18, 2010, and is in good standing in this state.

Electronic Certificate
Certificate Number: C20100415-2232
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on April 15, 2010.

ROSS MILLER Secretary of State