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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #1
<u></u>	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	JUL 1 8 2016	
	A. LUNT	
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Phi Psi Investments, LLC Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Stephen Hauptman Name of Person	_2014 JUL
Firm/Company 62	
808 N. Franklih St, #2802	7 PH 1: 05
	05
Tampa FL 33602  City/State and Zip Code  Stephenhauptman@ Vahoo. Com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Stephen Hauptman at (949) 300-2708  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is:			
Phi Psi Investme (Must end with the words "Limited I	uts, LLC		
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the principal off	fice of the Limited Liability Company is:		
Principal Office Address;	Mailing Address:		
808 N. Franklin St. #2802 Tampa FL 33602	808 N. Franklin St. # 18021 Tampa FL 33602		
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own I another business entity with an active Florida registration	Registered Agent. You must designate an individual or		
The name and the Florida street address of the registered	agent are:		
Stephen Hau	ptmah		
808 M. Frank Florida street address (P.O. Box	NOT acceptable)		
Tampa City	FL 33602 Zip		
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obl	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance ligations of my position as registered agent as provided for in er 605, F.S		

(CONTINUED)

Page 1 of 2

MGR" = Manager  MCR & MM L-N	
	Stephen - auptman \$08 N. Franklin St., #2802 Tampa FL 33602
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Use attachment if necessary)	tius —o mit — ■
filing.) VI: Other provisions, if any.	
REQUIRED SIGNATURE:	0/1
Ciamatana af a manulu	or of an authorized representative of a member.  33 (1) (b), Florida Statutes, the execution of this document epenalties of perjury that the facts stated herein are true.
(In accordance with section 605.02 constitutes an affirmation under the	on submitted in a document to the Department of State provided for in s.817.155, F.S.)
(In accordance with section 605.02 constitutes an affirmation under the I am aware that any false informatic constitutes a third degree felony as	on submitted in a document to the Department of State provided for in s.817.155, F.S.)  Ohen Hauphagh  ped or printed name of signee

ARTICLE IV-