

L15000026310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

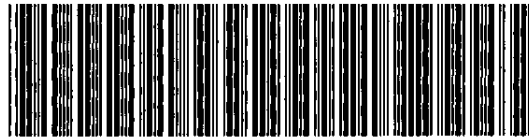
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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01/16/15--01015--001 \*\*160.00

*W15-6386*

**FILED**  
15 FEB -9 PM 4:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED FEB 12 2015

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PSP 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:

VICHULADA PENGSALOOD  
Name of Person

Firm/Company

2810 BELLAROSA CIRCLE  
Address

WEST PALM BEACH, FL. 33411  
City/State and Zip Code

VICHULADA@ME.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VICHULADA PENGSALOOD at ( 786 ) 2828469  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|---|---|--|

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 29, 2015

VICHULADA PENGSALOOD  
2810 BELLAROSA CIRCLE  
WEST PALM BEACH, FL 33411

SUBJECT: PSP LLC  
Ref. Number: W15000006386

*correction !!!  
PSP PINES LLC*

RECEIVED  
15 FEB -9 AM 10:00  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

We have received your document for PSP 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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) 245-6051.

Tim Burch  
Regulatory Specialist II

Letter Number: 415A00001771

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~PSP LLC~~ PSP PINES 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 office of the Limited Liability Company is:

Principal Office Address:

2810 BELLAROSA CIRCLE  
WEST PALM BEACH, FL. 33411

Mailing Address:

2810 BELLAROSA CIRCLE  
WEST PALM BEACH, FL. 33411

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TALLAHASSEE, FLORIDA

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ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

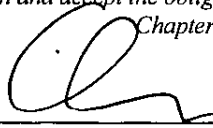
The name and the Florida street address of the registered agent are:

VICHULADA PENGSALOOD  
Name

2810 BELLAROSA CIRCLE  
Florida street address (P.O. Box NOT acceptable)

WEST PALM BEACH FL 33411  
City Zip

*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 605, F.S..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

VICHULADA PENGSALOOD

2810 BELLAROSA CIRCLE

WEST PALM BEACH, FL. 33411

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 03/23/2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.)

VICHULADA PENGSALOOD

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)