

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : HUNT & GROSS, P.A.
Account Number : F20010000038
Phone : (561) 997-9223
Fax Number : (561) 989-8998

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: marmeno@centerstargroup.com

FLORIDA LIMITED LIABILITY CO.
PSL TP RETAIL 2, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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2018 MAY -9 PM 2:25

REGISTRATION
DIVISION OF COMMERCIAL
REGISTRATION SERVICES

Electronic Filing Menu Corporate Filing Menu

Help
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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: PSL TP RETAIL 2, 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:

MARK ARMENO

Name of Person

CENTERSTAR PROPERTY GROUP

Firm/Company

27 HORSENECK ROAD, 3RD FLOOR

Address

FAIRFIELD, NJ 07004

City/State and Zip Code

marmeno@centerstargroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Armeno	973	575-7935
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
PALM HARBOR, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

PSL TP RETAIL 2, LLC

(Must contain 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:

1 Stevens Road, #1
Wallington, NJ 07057

Mailing Address:

1 Stevens Road, #1
Wallington, NJ 07057

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:

C T CORPORATION SYSTEM

Name

1200 S. Pine Island Road

Florida street address (P.O. Box NOT acceptable)

Plantation

FL

33324

City

State

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)

LAUREN KREATZ
VICE PRESIDENT

(CONTINUED)

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((H18000145577 3)))

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:

PSL MANAGER, LLC

1 Stevens Road, #1

Wallington, NJ 07057

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

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.

James C. Nuckey, Sole Member of Manager
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)

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