

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 : CORPORATE CREATIONS INTERNATIONAL INC

Account Number: 110432003053 ; (561)694-8107 Phone Fax Number ; (561)694-1639

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

1 1	Address:		
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FLORIDA LIMITED LIABILITY CO. PSF LAND LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$125.00

COVER LETTER

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SUBJECT	. PSF L	AND LLC			
*		Name of Lix	ited Liabili	ty Company	
		Organization and fee(s) are			
Please retu	m all correspo	ndence concerning this ma	ner to the 10	эцоwmg:	
	Lorry A	A. Cusack, Paralegal			
			Name of	Person	
	McDo	onald Hopkins LLC			
			Firm/Cor	npany	
	500 \$	South Flagler Drive, S	uite 300		
			Addre	265	
	West	Palm Beach, FL 3340)1		
	lous	C ack@mcdonaldhopkir	ity/State and	d Zip Code	
•		E-mail address: (to be used		nnual report notificati	(m)
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For further i	nformation coi	ncerning this matter, please	cati:		
	Lorry A	Cusack at (561	472.2965	
			rea Code	Daytime Telephone	e Number
Enclosed is	s a check for th	ne following amount:			
汉 \$125.00	Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	Certifia	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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		on of Corporations		The Centre of Tallahs 2415 N. Monroe Stree	
		ox 6327 assee, FL 32314		2413 N. Montoe Stree Tallahassee, FL 3230	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2020 JAN 17 AH IG: 42

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The name of the Limited Liability Company is:

SECRETALLY OF STATE TALLAHASSEE, FL

PSF	LA	ND	LL	C
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(Must conatin 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:	Mailing Address:
5051 138th Terrace S	5051 138th Terrace S
Wellington, FL 33449	Wellington, FL 33449

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:

Annabelle K. G	arrett	
}	iame	
5051 138th Te	rrace S	
Florida street address (P.O. Box N	OT acceptable)
Wellington,	FL	33449
City	State	Zip

laving been named as registered agent and to accept service of process for the above stated limited liability company at the vace designated in this certificate, I hereby accept the appointment as registered age frand agree to act in this capacity. I wither agree to comply with the provisions of all statistes telating to the proper and is molete performance of my duties, and I amiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

JIRED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Annabelle K. Garrett
	5051 138th Terrace S
	Wellington, FL 33449
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(Use attachment if necessary)	ויו
	January 45, 2000
LEV: Effective date, if other than the d	ate of filing: January 15, 2020 (OPTIONAL) specific and cannot be more than five business days prior to or 90 day
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If the date inserted in this block does no	ot meet the applicable statutory filing requirements, this date will not be
rument's effective date on the Departme	ent of State's records.
LE VI: Other provisions, if any.	1
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REOUIRED SIGNATURE:

Signature of a toember 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.

Annabelie K. Garrett

Typed or printed name of signec

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)