# L23000369568

(F	Requestor's Name)	
A)	Address)	
<u> </u>	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(E	Business Entity Name)	
(0	Document Number)	
Cenified Copies	Certificates o	f Status
Special Instructions to Fi	iling Officer:	

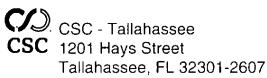
Office Use Only



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850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 08/07/23 Order #: 1245004-1 Re: PSR Building II LLC Processing Method: Routine

# TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

12000000195

AUTH:

Please take the following action: File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

PSR Building II LLC

(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:
2050 Oleander Boulevard, Apt 6-202.	7610 Buffalo Trace Dr.
Fort Pierce, Fl 34950	Louisville, KY 40214

## 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:

Corporation Service	Company	
	Name	
1201 Hays Street		
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
Tallahassee	FL	32301
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..

Corporation Service Company

By Clizabeth Harris Elizabeth Harris, assistant VP

Registered Agent's Signature (REQUIRED)

(CONTINUED)

# ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Membe "MGR" = Manager	Name and Address:
MGR	James A. Ruckstaetter 7610 Buffalo Trace Dr. Louisville, KY 40214
MGR	Patricia S. Ruckstaetter 7610 Buffalo Trace Dr. Louisville, KY 40214
<del></del>	
(Use attachment if necessary)	
If an effective date is listed, the date m he date of filing.)	n the date of filing:
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURES:  Consistence Signatur  This document	e of a member or an authorized representative of a member. 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 ird degree felony as provided for in s.817.155. F.S.
James A	Ruckstaetter 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)