

M08000002953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

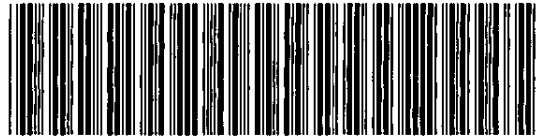
(Business Entity Name)

(Document Number)

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

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04/18/08--01020--009 \*\*130.00

FILED  
08 JUN 20 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. HAMPTON

JUN 23 2008

EXAMINER

*Handwritten scribble*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PSS Associates, LLC  
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Leslie Quinn P.L.  
(Name of Person)

Law Office of Leslie Quinn P.L.  
(Firm/Company)

16910 S US Hwy 441 Ste 205  
(Address)

Summerfield, FL 34491  
(City/State and Zip Code)

For further information concerning this matter, please call:

Leslie Quinn at ( 352 ) 347-6318  
(Name of Person) (Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

*The Law Office of Leslie Quinn, P.L.*

Leslie Quinn \*\*Licensed in Texas and Florida

16910 SE U.S. Hwy 441, Suite 205, Summerfield, FL 34491  
Belleview / Summerfield: (352) 347-6318 / Ocala: (352) 629-1251  
Facsimile (352) 307-3473

April 15, 2008

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

Re: PSS Associates, L.L.C.  
Application to Transact Business in Florida

To Whom It May Concern:

Enclosed are the following for PSS Associates, L.L.C.:

- (1) Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
- (2) Certificate of Designation of Registered Agent;
- (3) Unanimous Written Consent in Lieu of Special Meeting of the Members of PSS Associates, L.L.C.;
- (4) Certificate of Status from the Commonwealth of Virginia;
- (5) Certificate of Status from the State of Maryland; and

Our check in the amount of \$130.00 for the filing fee and Certificate of Status is also enclosed. Please contact our office if you require anything further. We thank you.

Very truly yours,



Leslie Quinn

Encl.

cc: Client



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

08 JUN 20 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

April 21, 2008

LESLIE QUINN, PL  
16910 S US HEY 441  
STE 205  
SUMMERFIELD, FL 34491

SUBJECT: PSS ASSOCIATES, LLC  
Ref. Number: W08000019982

We have received your document for PSS ASSOCIATES, LLC and your check(s) totaling \$130.00. 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document number of the name conflict is F0500000043 (PASS ASSOCIATES, INC).

You must submit a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 908A00023719

**WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA**

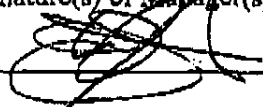
We, the undersigned, do hereby certify that we are the Managers and/or Managing Members of PSS Associates, L.L.C.  
(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of Virginia  
(State or Country of Organization)

Because the name of this foreign limited liability company does not satisfy the requirements of the s. 608.406, F.S., the limited liability company hereby adopts the following name to transact business in the state of Florida:

FSS Associates, L.L.C.  
(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company, L.L.C., or LLC.)

Date: 6/19/08

Signature(s) of Manager(s) and/or Managing Member(s):  
  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.303, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANACT BUSINESS IN THE STATE OF FLORIDA:*

1. PSS Associates, LLC.

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

FSS Associates, LLC.

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Virginia

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 41-2107854

(FEI number, if applicable)

4. August 18, 2003

(Date of Organization)

5. perpetual

(Duration: Year limited liability company will cease to exist or "perpetual")

6. January 1, 2008

(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 14680 SE 95th Ave, Summerfield, FL 34491

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here

9. The name and usual business addresses of the managing members or managers are as follows:

Managing Member- Troy Hammond

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Any lawful purpose.

Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

TROY D. HAMMOND

Typed or printed name of signee

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08 JUN 20 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

**PSS Associates, LLC.**

If name unavailable, the alternate name to be used in the state of Florida is:

**FSS Associates, LLC.**

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

**Luther Hammond**

(Name)

**14680 SE 95th Ave,**

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

**Summerfield, FL 34491**

FL  
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 608, Florida Statutes.*

  
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

08 JUN 20 AM 10: 09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

# Commonwealth of Virginia



## State Corporation Commission

*I Certify the Following from the Records of the Commission:*

A certificate of organization was issued by the Commission to PSS Associates LLC, a limited liability company formed under the laws of VIRGINIA, effective as of August 18, 2003.

As of the date below, articles of cancellation have not been filed in this office by PSS Associates LLC, a Virginia limited liability company.

Nothing more is hereby certified.

*Signed and Sealed at Richmond on this Date:  
March 19, 2008*



*Joel H. Peck*  
\_\_\_\_\_  
*Joel H. Peck, Clerk of the Commission*