M13000008066

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Ви	isiness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



900254348889

13 DEC 20 PM IN 48

FILED

13 DEC 20 MID: 53







ION SERVICE COMPANY						
ACCOUNT NO.	: I2000000195					
REFERENCE	47					
AUTHORIZATION	: Molesson					
COST LIMIT						
ORDER DATE : December 19, 2013						
ORDER TIME : 12:24 PM						
ORDER NO. : 934236-115						
CUSTOMER NO: 7925055						

FOREIGN FILINGS						
NAME: P/S/L OPERATION SERVICES						
AMERICA LLC						
XXXX QUALIFICATION (TYPE: LL))					
PLEASE RETURN THE FOLLOWING AS I	PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY						

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER:

CERTIFICATE OF GOOD STANDING

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HARILITY COMPANY TO TRANSACT RESIDESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY CO	IMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. P\S\L Operation S	ervices America LLC
	n Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, cr consent of the managers Company," "L.L.C," "L	nter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written s or managing members adopting the alternate name. The alternate name must include "Limited Liability LC.")
2. Delaware	3. 27-4788754
(Jurisdiction under the company is organized	e law of which foreign limited liability (FEI number, if applicable)
4. 01/10/2011	5. perpetual
(Date	of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. <u>01/2012</u>	
o	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
77	ne Americas, 14th FL
New York, NY 100	
	(Street Address of Principal Office)
8. If limited liability	y company is a manager-managed company, check here
9. The name and us	mual business addresses of the managing members or managers are as follows:
James Karr	1140 Avenue of the Americas, 14th FL, New York, NY 10036
Michele Fearon	1140 Avenue of the Americas, 14th FL, New York, NY 10036
10. Attrobad is an arisin	electificate of mistrose no more than 00 days ald delection distribute. (C. 11)
	al certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records it claw of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
	ate under eath of the translator must be submitted.)
11. Nature of busine	ess or purposes to be conducted or promoted in Florida:
Any and all lawful	
	James Kan
	Signature of a member or an authorized representative of a member.
	dance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the
	s of perjury that the facts stated herein are true. I am aware that any false information submitted in a ent to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)
	James Karr, Authorized Representative

Typed or printed name of signee

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.

	ne of the Limited Liability Co	ompany is:		
If unavailab	ole, the alternate to be used in	n the state of Florida is:		
2. The name	e and the Florida street addr	ress of the registered agent and office are:	3 DEC	-1
Corporation Service Company		20 \$35 \$35		
(Name)		- 55. Fr. ≥		
	1201 Hays Street		1 ID: 53	-
•	Florida Stree	t Address (P.O. Box NOT ACCEPTABLE)	- ^β ω	
	Tallahassee	FL 32301		
		City/State/Zip	_	
liability con registered a statutes rela	npany at the place designated gent and agree to act in this tting to the proper and compl	and to accept service of process for the above I in this certificate, I hereby accept the appoin capacity. I further agree to comply with the p lete performance of my duties, and I am famili registered agent as provided for in Chapter 60	tment as rovisions of all ar with and	
	By: Elli Kur	\a [.]		
		Signature)	Elli King Assistant V	/P

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

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "P\S\L OPERATION SERVICES AMERICA LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF DECEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "P\S\L OPERATION SERVICES AMERICA LLC" WAS FORMED ON THE TENTH DAY OF

JANUARY, A.D. 2011.

4925287 8300

131457035

Jeffrey W. Bullock, Secretary of State CATION: 1001676

DATE: 12-20-13

You may verify this certificate online at corp.delaware.gov/authver.shtml