M15000003133

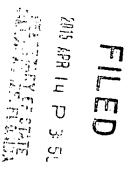
	Requestor's Name)			
· ·	, , , , , , , , , , , , , , , , , , , ,			
(,	Address)			
(/	Address)	····································		
·				
	City/State/Zip/Phone #)			
(on, one of the second s			
PICK-UP	WAIT	MAIL		
(1	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions	to Filing Officer:			
		:		

Office Use Only



900271707539

04/14/15--01019--010 **125.00



TSCHROEDER 4.24.15

COVER LETTER

	tration Section on of Corporations	
SUBJECT: _	P.S. Consultants LI Nam	LC ne of Limited Liability Company
		bility Company for Authorization to Transact Business in Florida," Certificate of bove referenced foreign limited liability company to transact business in Florida
Please return al	l correspondence concerning this ma	atter to the following:
	Daniel R. Losco,	Name of Person
<i>.</i>	Losco & Marconi,	P.A.
		Firm/Company
	1813 N. Franklin	Street
		Address
	Wilmington, DE 1	9802
		City/State and Zip Code
	dlosco@delaw.org	
	E-mail address:	(to be used for future annual report notification)
For further info	rmation concerning this matter, please	se call:
I	Leslee Connors	at (<u>302</u>) <u>656–7776</u>
	Name of Contact Person	Area Code Daytime Telephone Number
Divisio Registe P.O. B	ING ADDRESS: on of Corporations ration Section lox 6327 assee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	t check for the following amou 5.00 Filing Fee \$130.00 Filing Certificate of	g Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

P.S. Consultants LLC		
(Name of Foreign Limited Liability Company; must include "Limited Liability Company	," "L.L.C.," or "LLC.")	
PS Consultants LLC		
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. T	he alternate name must include "Limited	
Liability Company," "L.L.C," or "LLC.")		
2. Delaware 3. <u>47-3652944</u>		
(Jurisdiction under the law of which foreign limited liability (FEI num	(FEI number, if applicable)	
company is organized)		
4		
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liabil	ity)	
5. 2890 Marina Mile Blvd., Ste 112		
Dania Beach, FL 33312	600 (200) 	
(Street Address of Principal Office)	2	
000 N E 12th America West 400		
6. 900 N.E. 12th Avenue, Unit 108	171-1 <u>-</u>	
Hallandale, FL 33009	5 V	
(Mailing Address)		
	ग्रेंग्से ध्र	
7. The name, title or capacity and address of the person(s) who has/have auth	nority to manage is/are:	
Taha Bassalla Latina and American		
John Pergolini, Member, 900 N.E. 12th Ave., Unit	FL 33009	
Richard Smith, Member, 318 Fashion Circle, Newar		
, and the state of	05 19711	
8. Attached is an original certificate of existence, no more than 90 days old, d		
having custody of records in the jurisdiction under the law of which it is organ		
acceptable. If the certificate is in a foreign language, a translation of the certif	icate under oath of the translator	
must be submitted)		
July Homer		
Signature of an authorized person		
(In accordance with section 605.0203, \$\dagger\$.S., the execution of this document constitutes an affirmation under the pen am aware that any false information submitted in a document to the Department of State constitutes a third degree \$\dagger\$	alties of perjury that the facts stated herein are true. I elony as provided for in s.817.155, F.S.)	
	•	
Richard W. Cmith Typed or printed name of signee		
Typed or printed name of signee		

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

If unavailable,	the alternate to be used in the	e state of Florida	a is:	
PS Cons	ultants LLC			
2. The name a	and the Florida street address	of the registered	agent and office are:	
	John Pergolini			
		(Name)		_
	900 N.E. 12th A	venue, Uni	t 108	
	Florida Street Ado	dress (P.O. Box NO	OT ACCEPTABLE)	_
	Hallandale	FL	33009	_
	,	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, Florida Statutes.

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

U

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "P.S. CONSULTANTS 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 EIGHTH DAY OF APRIL, A.D. 2015.

5723971 8300

150474305

AUTHENTY CATION: 2271223

DATE: 04-08-15

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