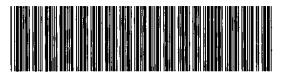
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(Req	uestor's Name)		
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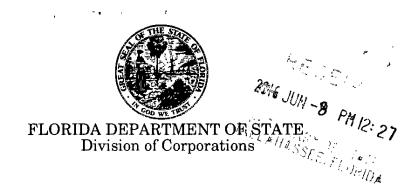


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W16 - 39370



May 27, 2016

SUSAN YEAGER 7 W SEVENTH STREET, SUITE 1400 CINCINNATI, OH 45202 US

SUBJECT: PSL 10400, LLC Ref. Number: W16000039370

We have received your document for PSL 10400, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return 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) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 516A00011284

COVER LETTER

Registratión Section

TO:

Division of Corporations			
PSL 10400, LLC SUBJECT:			
Name of Limited Liability Company			
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Cert Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in			
Please return all correspondence concerning this matter to the following:			
Susan Yeager			
Name of Person			
Robbins, Kelly, Patterson & Tucker			
Firm/Company			
7 W. Seventh Street, Suite 1400			
Address			
Cincinnati, OH 45202			
City/State and Zip Code			
syeager@rkpt.com			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Susan Yeager 513 721-3330 at ()			
Name of Contact Person Area Code Daytime Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed is a check for the following amount: \$\Pi\$\$ \$125.00 Filing Fee \$\Pi\$\$ \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy \$160.00 Filing Fee, Certified	ate		

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

IN COMPLIANCE WITH SECTION 603.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIMINITY COMPANY TO TRANSACT RESIDESS IN THE STATE OF FLORIDA.

	ASIAED IN THE STATE OF FLORIUM:	
I. PSL 10400, LLC	elgn Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "	(CC.u)
(Hans of Con	ingle billines billing company, man mensor billines billing company, biblio, s.	, , , , , , , , , , , , , , , , , , ,
Liability Company," "L.L.C,"	liernate name adopted for the purpose of transacting business in Florida. The atternate name " or "LLC.")	must include "Limited
2. Ohio	of which foreign limited Hability (FEI number, If applicable)	
(Jurisdiction under the law company is organized)	of which foreign limited liability (PEI number, If applicable)	
4	(Date first transacted business in Florida, If prior to registration.)	
a 3814 West Street, Sult	(See sections 605.0904 & 605.0905, P.S. to determine penalty Hability)	
Cincinnati, Oli 45227		
-	(Street Address of Principal Office)	
6. 3814 West Street, Suite	: 100	
Cincinnati, OH 45227		*******
	(Molling Address)	6
7. Name and street addres	is of Florida registered agent: (P.O. Box NOT acceptable)	50 <u>c</u>
Name:	InCorp Services, Inc.	JUN -I
Office Address:	17888 67th Court North	. Hid on 1
	Loxahatchee, , Florida 33470 (City) (Zip code)	
Registered agent's accep		<u>5</u>
Having been named as re designated in this applica to complywith the provisi	gistered agent and to accept service of process for the above stated limited liabilition, I hereby accept the appointment as registered agent and agree to act in this ons of all statutes relative to the proper and complete performance of my duties, my position as registered agent. Kathy Shin on behalf of inCorp	capacity. I further agree and I am familiar with and
	(Registered agent's signature)	Gervices, inc.
·	acity and address of the person(s) who has/have authority to manage is/are: -hocized Membec	
3814 West Street, Suite I		
Cincinnati, OH 45227		
9. Attached is a certificate jurisdiction under the law of of the translator must be su	of existence, no more than 90 days old, duly authenticated by the official having coof which it is organized. (If the certificate is in a foreign language, a translation of abmitted)	ustody of records in the the certificate under oath
	Signature of an authorized person	
This document is executed submitted in a document to	I in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any the Department of State constitutes a third degree felony as provided for in s.817.	false information 155, P.S.
	Patrick Gates	
	Typed or printed name of signee	

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show PSL 10400, LLC, an Ohio For Profit Limited Liability Company, Registration Number 3842452, was organized within the State of Ohio on January 1, 2016, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 17th day of May, A.D. 2016.

Ohio Secretary of State

an Hostel

Validation Number: 201613800806