

ml6000005830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

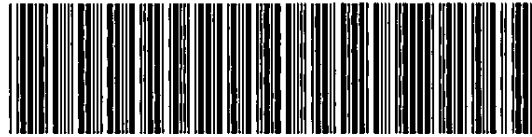
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TALLAHASSEE, FLORIDA

HAILE SHAW & PFAFFENBERGER

ATTORNEYS AT LAW

North Palm Beach: 660 U.S Highway One, 3rd Floor. N. Palm Beach, FL 33408

Palm Beach: 249 Royal Palm Way, Suite 301A. Palm Beach, FL 33480

☎ 561.627.8100 📠 561.622.7603 💻 haileshaw.com

July 19, 2016

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: PSL 1850 LLC- Corrections for Rejected Filing

Per our conversation, please find the enclosed corrected *Application by Foreign LLC for Authorization to Transact Business in Florida*, with the addition of the address for #8, and a copy of the Good Standing in Delaware, for PSL 1850 LLC.

If you have any questions, please contact me.

Respectfully Submitted,

HAILE, SHAW & PFAFFENBERGER, P.A.

By: Linda A. Cone
Linda A. Cone,
Legal Assistant to Philip M. DiComo, Esq.

ENCLOSURES

lac

2016 JUL 20 AM 11:51
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PSL 1850 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:

JOHN F. FLANIGAN, ESQ.

Name of Person

HAILE SHAW PFAFFENBERGER, P.A.

Firm/Company

660 US HIGHWAY ONE, THIRD FLOOR

Address

NORTH PALM BEACH, FLORIDA 33408

City/State and Zip Code

jflanigan@haileshaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Cone

at (561)

627-8100

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:

☐ \$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

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TALLAHASSEE, FLORIDA

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:

1. PSL 1850 LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. _____
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1 E. GREGORY ISLAND ROAD
SOUTH HAMILTON, MA 01982
(Street Address of Principal Office)

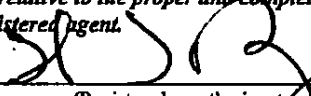
6. 1 E. GREGORY ISLAND ROAD
SOUTH HAMILTON, MA 01982
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: HAILE SHAW PFAFFENBERGER, P. A.
Office Address: 660 US HIGHWAY ONE, THIRD FLOOR
NORTH PALM BEACH, Florida 33408
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

DONALD R. SHAPIRO, MANAGER
1 E. GREGORY ISLAND ROAD
SOUTH HAMILTON, MA. 01982

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)


Signature of an authorized person

This document 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 constitutes a third degree felony as provided for in s.817.155, F.S.

DONALD R. SHAPIRO
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "PSL 1850 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 ELEVENTH DAY OF JULY, A.D. 2016.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



6092579 8300

SR# 20164853696

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202636152

Date: 07-11-16