

M19000007642

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
19 AUG -8 PM 1:35
SECRETARY OF STATE
TALLAHASSEE

**Foreign Limited Liability Company
HADICO PSL INVESTMENTS LLC**

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$155.00

****This was originally submitted on 8/6/19, but we were told you did not receive. Could you file as soon as possible and give the original submission date as the file date - 8/6/19*****

the fax audit sheet was not created until 8/8, so therefore we cannot honor the 8/6 file date

Electronic Filing Menu Corporate Filing Menu Help

2019 AUG -8 AM 9:24

FILED

B KINSEY
AUG 09 2019

HADICO PSL INVESTMENTS LLC
124 W. Pico Boulevard
Los Angeles, California 90015

August 5, 2019

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

Re: Application by Foreign LLC for Authorization to Transact Business in Florida

Dissolution of Hadico PSL Investments LLC, Document No. L19000076646

Authorization to use name for foreign registered entity.

Dear Sir or Madam,

This letter is submitted in support of the Application by Foreign LLC for Authorization to Transact Business in Florida filed by Hadico PSL Investments LLC, a Delaware limited liability company.

Please be advised that there was a Florida entity having the name Hadico PSL Investments LLC, that was organized under the laws of the State of Florida on March 25, 2019, under **Document No. L19000076646**.

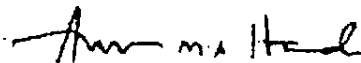
On August 5, 2019, the undersigned electronically filed Articles of Dissolution for the Florida entity, Hadico PSL Investments LLC (Document No. L19000076646), and does not intend on revoking the dissolution.

By this letter, Hadico PSL Investments LLC (Document No. L19000076646): (i) hereby grants permission to Hadico PSL Investments LLC, the Delaware limited liability company to qualify in the state of Florida as Hadico PSL Investments LLC as a Foreign LLC authorized to transaction business in Florida, and (ii) consents to the use of the name "Hadico PSL Investments LLC."

Please do not hesitate to contact my counsel, Chirag Kabrawala, Esq. at 407-801-3330 or our agent, Kim Tadlock, c/o Capitol Services at 855-498-5500 if you have any concerns or questions.

We appreciate your accommodation and prompt attention to this matter.

Sincerely,



Amirali Hadi,
Manager of Hadico PSL Investments LLC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HADICO PSL INVESTMENTS 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:

Name of Person

Capitol Services - Corporate Filings Team

Firm/Company

IMPORTANT:
The email
address entered
here will be
utilized for
future annual
report
notifications
and possibly

515 East Park Avenue 2nd Fl

Address

Tallahassee, FL 32301

City/State and Zip Code

54AMIR@GMAIL.COM

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

For further information concerning this matter, please call:

Name of Contact Person at (855) 498 - 5500
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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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

**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:

1. HADICO PSL INVESTMENTS 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. 83-4292768

(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. 124 W PICO BLVD

(Street Address of Principal Office)

6. 124 W PICO BLVD

(Mailing Address)

LOS ANGELES, CA 90015

LOS ANGELES, CA 90015

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

Name:

CHIRAG B. KABRAWALA

Office Address:

190 E MORSE BLVD

WINTER PARK

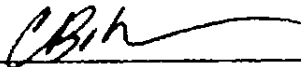
(City)

, Florida 32789

(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)

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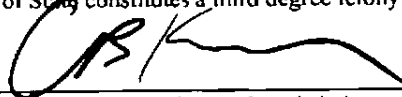
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>AMIRALI HADI</u>	<input type="checkbox"/> Manager	Name: <u>RAHIM HADI</u>
<input type="checkbox"/> Member	Address: <u>124 W PICO</u>	<input type="checkbox"/> Member	Address: <u>124 W PICO</u>
<input type="checkbox"/> Authorized	<u>LOS ANGELES, CA 90015</u>	<input checked="" type="checkbox"/> Authorized	<u>LOS ANGELES, CA 90015</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

10. 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.



Signature of an authorized person

ATTORNEY AT LAW, AUTHORIZED PERSON

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HADICO PSL INVESTMENTS 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 TWENTY-FOURTH DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HADICO PSL INVESTMENTS LLC" WAS FORMED ON THE ELEVENTH DAY OF APRIL, A.D. 2019.

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



7369467 8300

SR# 20196130156

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

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

Authentication: 203276028

Date: 07-24-19

H19000237039 3