

M20000000553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

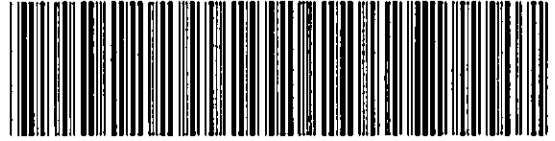
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



100338083031

10-1-18--0111-011 11110

2019 DEC 18 PM 2:34

11/15/20

Sgt  
11/15/20

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** PSO-RITE.COM 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:

Michael Zinna  
Name of Person

Kelley Drye & Warren LLP  
Firm/Company

One Jefferson Road, 2nd Floor  
Address

Parsippany, NJ 07054  
City/State and Zip Code

mzinna@kelleydrye.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Zinna at ( 973 ) 503-5900  
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:

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

2019 DEC 18 PM 2:34

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. PSO-RITE.COM 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 3. 81-3879634  
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN number, if applicable)

4. June 2017  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. Pso-Rite.com LLC 6. Pso-Rite.com LLC  
(Street Address of Principal Office) (Mailing Address)

4229 SUMMERTREE DR. 4229 SUMMERTREE DR.  
TALLAHASSEE, FL 32311 TALLAHASSEE, FL 32311

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

Name: Ty Price

Office Address: 4229 SUMMERTREE DR.

TALLAHASSEE, Florida 32311  
(City) (Zip code)

2019 DEC 18 PM 2:34

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.

[Signature]  
(Registered agent's signature)

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]:

Title or Capacity:                      Name and Address:

☐ Manager                      Name: Erik Lee

☐ Member                      Address: Marea Condominium

☐ Authorized                      801 South Pointe Drive, Unit 203

Person                      Miami Beach, FL 33139

☒ Other President                      ☐ Other

Title or Capacity:                      Name and Address:

☐ Manager                      Name: Mackenzie Mollohan

☐ Member                      Address: Marea Condominium

☐ Authorized                      801 South Pointe Drive, Unit 203

Person                      Miami Beach, FL 33139

☒ Other CEO                      ☐ Other

☐ Manager                      Name: Ty Price

☐ Member                      Address: 4229 Summertree Dr.

☐ Authorized                      Tallahassee, FL 32311

Person

☒ Other COO                      ☐ Other

☐ Manager                      Name:

☐ Member                      Address:

☐ Authorized

Person

☐ Other                      ☐ Other

☐ Manager                      Name:

☐ Member                      Address:

☐ Authorized

Person

☐ Other                      ☐ Other

☐ Manager                      Name:

☐ Member                      Address:

☐ Authorized

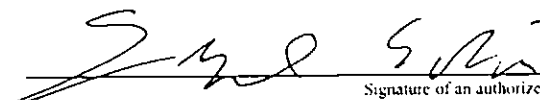
Person

☐ Other                      ☐ 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

Tyrone E. Price  
Typed or printed name of signer

2019 DEC 18 PM 2:34

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PSO-RITE.COM 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-FIFTH DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PSO-RITE.COM LLC" WAS FORMED ON THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2016.

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

2019 DEC 18 PM 2:34



6150119 8300

SR# 20198273621

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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: 204076216

Date: 11-25-19