

N 20000007054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

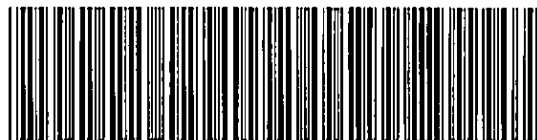
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W200000079792

Office Use Only



800348683908

07 27 00--000 1 -001 **125.11

RECEIVED

JUL 13 2020

FILED
2020 AUG 13 PM 3:11
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

YS
8/15/20

Date: 10th Aug 2020

To:

Division of Corporations
Attn: Ms Yvette Scott
Tallahassee, FL 32314

Ref: PSS LLC – Series 1 and PSS LLC – Series 2; Registering two WY Series LLC's in Florida

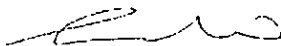
Dear Officer:

I received your two letters dated 26th July 2020.

Regarding your comments:

1. Noted the Authorized signatory on item# 8 for both the LLCs.
2. Am attaching the Wyoming (WY) state documents for both the LLCs.
 - a. PSS LLC was incorporated on June 3rd 2020 as a **Series LLC**
 - b. PSS LLC – Series 1 was designated by amending the articles on June 18th 2020
 - c. PSS LLC – Series 2 was designated by amending the articles on June 18th 2020
 - d. Certificate of good Standing from WY Secretary of State for PSS LLC dated 08/10/2020

Thank you



Samba Yarlagadda

Ph: 312-523-8003 (Cell)
Ph: 831- 427-7530 (Off)
Fax: 831-295-6105

FILED
2020 AUG 13 PM 3:11
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 26, 2020

SAMBA YARLAGADDA
PO BOX 67369
SCOTTS VALLEY, CA 95067

SUBJECT: PSS LLC-SERIES 1
Ref. Number: W20000079792

We have received your document for PSS LLC-SERIES 1 and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own manager or managing member. Please designate an individual or another business entity as your manager(s) or managing member(s). We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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.

Yvette Scott
Document Specialist II

Letter Number: 020A00014013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PSS LLC - Series 1

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:

SAMBA YARLAGADDA

Name of Person

Firm/Company

PO BOX 67369

Address

SCOTT'S VALLEY, CA 95067

City/State and Zip Code

SAMBA.YARLAGADDA@ENORBIS.COM

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

For further information concerning this matter, please call:

SAMBA YARLAGADDA

831

427-7530

Name of Contact Person

at ()

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

FILED
2028 AUG 13 PM 3:11
OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

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. PSS LLC - Series 1
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC")

2. WYOMING 3. 85-1305792
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN 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. 3000 Bayport Dr #840
(Street Address of Principal Office)

6. 3000 Bayport Dr #840
(Mailing Address)

TAMPA, FL 33607

TAMPA, FL 33607

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

Name: Registered Agents Inc.

Office Address: 7901 4th St N, STE 300

St. Petersburg, Florida 33702
(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.

Bill Hume
(Registered agent's signature)

FILED
2026 AUG 13 PM 3:11
TAMPA, FLORIDA

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: Samba Yarlagadda

☐ Member Address: PO BOX 67369

☒ Authorized Scotts Valley

CA 95067

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ 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 _____

☐ 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

SAMBA YARLAGADDA

Typed or printed name of signer

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

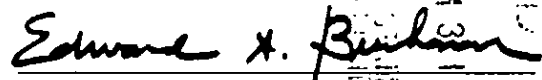
PSS LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **June 3, 2020**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2020-000920712**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 10th day of August, 2020 at 1:55 PM. This certificate is assigned ID Number 038395333.




Secretary of State