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.

(((H21000051179 3)))



H210000511793ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

င္သာ က Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email Address:____

Foreign Limited Liability Company PSL Mercantile Property Owner LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

140807175555 14080718

Electronic Filing Menu

Corporate Filing Menu

Help

来 SALY feb - to ing)

. . .

2/5/21, 2:27 PM

and accept the obligations of my position as registered agent.

Carlos M Alvarez, Special Secretary

(Registered agent's signature)

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. PSI, Mercantile Property Owner 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 "Linsted Liability Company," "LLC," or "LLC," or "LLC." (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability). 5. 1401 Broad Street (Street Address of Principal Office) 6. 1401 Broad Street (Mailing Address) Clifton, New Jersey 07013 Clifton, New Jersey 07013 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporate Creations Network Inc. Name: Office Address: 801 US Highway 1 ____, Florida 33408 North Palm Beach 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

FILED
2021 FEB-5 PM 5: 40

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Robert J. Ambrosi	□Manager	Name: James M. Steuterman
□Member	Address:	□Member	Address:
Authorized	1401 Broad St., Clifton, NJ 07013	Authorized	1401 Broad St., Clifton, NJ 07013
Person		Person	
□Other	Other	Other	□Other
□Manager	Name: Michael Ambrosi	□Manager	Name: Gary S. Baumann
□Member	Address:	□Member	Address:
Authorized	1401 Broad St., Clifton, NJ 07013	■Authorized	1401 Broad St., Clifton, NJ 07013
Person		Person	
Other	Other	□Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

B18968CXAC474EA.. Signature of an authorized person

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PSL MERCANTILE PROPERTY OWNER 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 FIFTH DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PSL MERCANTILE PROPERTY OWNER LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF JANUARY, A.D. 2021.

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



4844230 8300 SR# 20210353011

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

Authentication: 202452945

Date: 02-05-21