19542080845

To: +18506176383

Page: 2 of 5

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

Fax Number : (954)208-0845

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

Email Address:						
	Email	Address:				

Foreign Limited Liability Company **PSFL LLC**

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S. ROBERTS OCT 28 2021

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To:	+1	85061	76383	ı

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2021-10-28 11:23:18 CST

19542080845

From: Kaity Toon

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE BYTTH SECTION (05.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

transe unavailable, enter alternate (si	me adopted for the purpose of gons teting besidess in Fl	nesta. The all	ernate name unist include "Lamited Lia	biny Company," "Ld.:C," or "I	
Delaware		3.			
(the selection under the law of which foreign limited behilter company is argumized)		J	(FEI तकार्यः)	rber, if applicable)	
	(Date first transacted business in Florid, at prior to (See sections 50), 1904. & 605, 3905, F.S. to determine	registration ;	apilia)		
431 Summit St., Stc. 1			431 Summit St., Stc. 101		
Elgin, IL 60120			Elgin, II. 60120		
		_		2021 SEC TA	
Name and street address	af Florida registered agent; (P.O. Box	NOT ac	rceptable)	OCT 28	
Name:	NRAl Services, Inc.			PM 3: 04 SEE, FL	
Office Address:	1200 S. Pine Island Rd.			10 P	
	Plantation		33324 , Florida		
	(C(y)		(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.

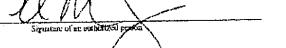
From: Kaity Toon

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:	Title or Capacity:	Name and Address:	
₩Manager	Name: Owen V. Prunskis	□Manager	Name: Priscilla M. Dragoi	
∭Member	Address: 431 Summit St., Stc. 101	□Member	Address: 150 N. Riverside Plz., #3000	
☐ Authorized	Elgin, IL 60120	M Authorized	Chicago, II. 60606	
Person		Person		
□Other	C Other	☐Other	☐ Other	
□Manager	Name:	□Manager	Name:	
∐Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	□Other	Other	☐Other	
□Manager	Name:	Menager	Name:	
⊟Member	Address:	□Member	Address:	
∐Authorized		□Authorized		
Person	****	Person		
i_lOther	□Other }	□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.





From: Kaity Toon



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PSFL 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-EIGHTH DAY OF OCTOBER, A.D. 2021.

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

Authentication: 204535428

Date: 10-28-21