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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6393

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCAC00000023
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Foreign Limited Liability Company
PCN Services, LLC

Certificate of Status	0
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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. PCN Services, LLC

(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. New York

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-3056634

(FEI number, if applicable)

4. 02/01/2019

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

5. 6666 Old Collamer Road

(Street Address of Principal Office)

East Syracuse, NY 13057

6. 6666 Old Collamer Road

(Mailing Address)

East Syracuse, NY 13057

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(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.

By: C T Corporation System

(Registered agent's signature)

By: *Michelle Fier* Michelle Fier, First Secretary

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Member

James Marsallo, Jr.

Member

Michael Marsallo

6666 Old Collamer Road
East Syracuse, NY 13057

6666 Old Collamer Road
East Syracuse, NY 13057

Member

James Marsallo

6666 Old Collamer Road
East Syracuse, NY 13057

(Use attachments if necessary)

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.

Michael Marsallo

Signature of an authorized person

Michael Marsallo

Typed or printed name of signer

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**State of New York
Department of State } ss:**

I hereby certify, that PCN SERVICES, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 51/07/2019, and that the Limited Liability Company is existing so far as shown by the records of the Department.

I further certify, that no other documents have been filed by such Limited Liability Company.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 29th day of January
two thousand and nineteen.*

A handwritten signature in black ink, reading "Whitney Clark".

Whitney Clark
Deputy Secretary of State