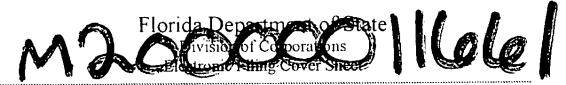
CSC TRANSO2

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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 : (850)558-1515 Fax Number

\*\*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 PAIR SOFTWARE HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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DEC 16 2020

## 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:

Pair Software Holdings					_
(Name of Foreign )	Limited Liability Company, must include "Limited	Liability Compa	ny," "L L C.," or "LLC.")		
Of name Loavariable enter alternate p	ame adopted for the purpose of transacting business in Flo	rida. The alternate i	name must include "Limited Liabi	lity Company," "L.L.C," or "	LLC ")
Delaware			97804		
2. (Junisdiction under the law of wh	nich foreign limited liability company is organized)	J	(FE: number,	if applicable)	_
4.					
	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605,0905, F.S. to determine	egistration ) re penalty liability)			
3150 SW 38 Avenue 1 5.	2th Floor		fission Street		
(Street Address of Principal Office)	<del></del>	<u> </u>	dailing Address)		_
Miami, Florida 33146		San F	rancisco, CA 94105		_
					_
7. Name and street address	as of Florida registered agent. (P.O. Box	NOT accepta	abie)	ZOZO DEC SECKTIA	
Name:	Corporation Service Company			EC 16	
Office Address.	1201 Hays Street		-	AN IQ	
	Tallahassee		32301 , Florida	- 10 mg - 10 m	~~
	(Cay)		(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.

Aleya Smith Aleya Smith, Authorized Representative (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:	Title or Capacity:	Name and Address:	
□Manager	Name. Pair Software Intermediate, LLC	□Manager	Name:	
■Member	Address: 535 Mission Street	□Member	Address:	
□ Authoriz <b>e</b> d	San Francisco, CA 94105	□Authorized		
Person		Person		
□Other	□ Other	□Other	Other	<u> </u>
□Manager	Name	□Manager	Name:	
□Member	Address:	□Member	Address.	
□Authorized		□Authorized		
Person		Person		
□ 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. 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.

Ja	son W. Kuhns	
<del>-0-</del>	Signature of an authorized person	
lason W. Kuhns		
<u> </u>	Europe or counted name of sumas	



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PAIR SOFTWARE HOLDINGS, 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 FIFTEENTH DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PAIR SOFTWARE HOLDINGS, LLC" WAS FORMED ON THE FIRST DAY OF DECEMBER, A.D. 2020.

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

Authentication: 204332344

Date: 12-15-20