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Florida Department of State  
Division of Corporations  
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2024 MAR -8 AM 9:08

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**Foreign Limited Liability Company  
PSCU, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 1        |
| Page Count            | 04       |
| Estimated Charge      | \$160.00 |

**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. PSCU, 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 "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 01/01/2024  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 560 Carillon Pkwy  
(Street Address of Principal Office)  
Saint Petersburg, FL 33716

6. 560 Carillon Pkwy  
(Mailing Address)  
Saint Petersburg, FL 33716

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


Name: Corporate Creations Network, Inc.

Office Address: 801 US Highway 1

North Palm Beach, Florida 33408  
(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.*

  
(Registered agent's signature)

**FILED**  
2024 MAR -8 PM 3:59  
SECRETARY OF STATE  
TALLAHASSEE, FL

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]:

| <u>Title or Capacity:</u>                                      | <u>Name and Address:</u>               | <u>Title or Capacity:</u>                            | <u>Name and Address:</u>               |
|--|--|--|--|
| <input type="checkbox"/> Manager                               | Name: <u>Charles E. Fagan, III</u>     | <input type="checkbox"/> Manager                     | Name: <u>Brian Caldarelli</u>          |
| <input type="checkbox"/> Member                                | Address: <u>560 Carillon Pkwy</u>      | <input type="checkbox"/> Member                      | Address: <u>560 Carillon Pkwy</u>      |
| <input type="checkbox"/> Authorized                            | <u>Saint Petersburg, FL 33716</u>      | <input type="checkbox"/> Authorized                  | <u>Saint Petersburg, FL 33716</u>      |
| Person   | <u></u>                                | Person   | <u></u>                                |
| <input checked="" type="checkbox"/> Other <u>President/CEO</u> | <input type="checkbox"/> Other <u></u> | <input checked="" type="checkbox"/> Other <u>EVP</u> | <input type="checkbox"/> Other <u></u> |
| <input type="checkbox"/> Manager                               | Name: <u></u>                          | <input type="checkbox"/> Manager                     | Name: <u></u>                          |
| <input type="checkbox"/> Member                                | Address: <u></u>                       | <input type="checkbox"/> Member                      | Address: <u></u>                       |
| <input type="checkbox"/> Authorized                            | <u></u>                                | <input type="checkbox"/> Authorized                  | <u></u>                                |
| Person   | <u></u>                                | Person   | <u></u>                                |
| <input type="checkbox"/> Other <u></u>                         | <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u>               | <input type="checkbox"/> Other <u></u> |
| <input type="checkbox"/> Manager                               | Name: <u></u>                          | <input type="checkbox"/> Manager                     | Name: <u></u>                          |
| <input type="checkbox"/> Member                                | Address: <u></u>                       | <input type="checkbox"/> Member                      | Address: <u></u>                       |
| <input type="checkbox"/> Authorized                            | <u></u>                                | <input type="checkbox"/> Authorized                  | <u></u>                                |
| Person   | <u></u>                                | Person   | <u></u>                                |
| <input type="checkbox"/> Other <u></u>                         | <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u>               | <input type="checkbox"/> Other <u></u> |

**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.

*Brian Caldarelli*

Signature of an authorized person

Brian Caldarelli

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PSCU, 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 MARCH, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PSCU, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF DECEMBER, A.D. 2023.

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



2807651 8300

SR# 20240893682

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202950540

Date: 03-05-24