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**Foreign Limited Liability Company
PCORP LLC**

Certificate of Status	1
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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24 MAY - 1 PM 4:28

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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. PCORP LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

PSOFT 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. STATE OF DELAWARE

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

35-2803094

3. (FEI number, if applicable)

05/25/2024

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

20900 NE 30TH AVE, STE 200

5. (Street Address of Principal Office)

AVENTURA, FL 33180

20900 NE 30TH AVE, STE 200

6. (Mailing Address)

AVENTURA, FL 33180

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

Name: GUIDO GONZALEZ

Office Address: 20900 NE 30TH AVE, STE 200

AVENTURA

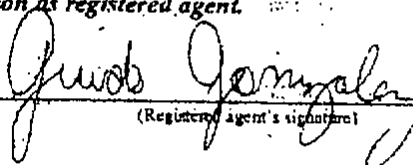
(City)

Florida 33180

(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)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized manage (up to six (6) total):

Title or Capacity:**Name and Address:**☒ Manager

Name: GUIDO GONZALEZ

☐ Member

Address: 20900 NE 30TH AVE STE 200

☐ Authorized

AVENTURA, FL 33180

Person

☐ Other☐ Other☐ Manager

Name:

☐ Member

Address:

☐ Authorized

Person

☐ Other☐ Other☐ Manager

Name:

☐ Member

Address:

☐ Authorized

Person

☐ Other☐ Other**Title or Capacity:****Name and Address:**☐ Manager

Name:

☐ Member

Address:

☐ Authorized

Person

☐ Other☐ Other☐ Manager

Name:

☐ Member

Address:

☐ Authorized

Person

☐ Other☐ Other☐ Manager

Name:

☐ Member

Address:

☐ Authorized

Person

☐ 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.

Guido Gonzalez
Signature of an authorized person

GUIDO GONZALEZ

Typed or printed name of signer

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PCORP 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-THIRD DAY OF APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PCORP LLC" WAS FORMED ON THE EIGHTEENTH DAY OF APRIL, A.D. 2023.

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



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.

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SR# 20241580958

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

Authentication: 203310491

Date: 04-23-24