M15000004435

| (Requestor's Name) | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| (Address) | | | | | | | | |
| (Address) | | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | | |
| PICK-UP WAIT MAIL | | | | | | | | |
| (Business Entity Name) | | | | | | | | |
| (Document Number) | | | | | | | | |
| Certified Copies Certificates of Status | | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Office Use Only



300273372833

06/08/15--01001--027 **273.75



RECEIVED
15 JUN -5 PM 4: 18
11 JUN -5 PM 4: 18

AM. JUN 08 2015 W PAINTER

SUNSHINE CORPORATE & FILING SERVICES, INC.

3458 LAKESHORE DRIVE TALLAHASSEE, FLORIDA 32312 (850) 656-4724 TOLL FREE: 844-541-6792

COVER LETTER

| WALK IN |
|---|
| ENTITY NAME: LAROCCA, LLC |
| CK # |
| AMOUNT: 12500 |
| PLEASE FILE THE ATTACHED AND RETURN: |
| Y PLAIN COPY |
| _ CERTIFIED COPY |
| PLEASE CONTACT TINA AT 850-508-1891 FOR FURTHER INFORMATION ON THIS MATTER. |
| THANK YOU! |

TINA GOFF, PRESIDENT

COVER LETTER

| TO: | | ration Section n of Corporatio | ns | | | | | | |
|--|---------------------------------|--|---|--|---|---|---|---------------------|-----------------------|
| en ib ti | eor. | | I | LA ROCCA, LLC | | | | | |
| 301111 | SUBJECT: | | | | | | | | |
| The en Exister | closed "A | application by Fo | reign Limited Liability Com ed to register the above refer | pany for Authoriza enced foreign limi | ation to Tra ted liability | ansact Business in Flor y company to transact | ida," Cer business | rtificat in Flor | e of rida |
| Please | return all | correspondence | concerning this matter to the | following: | | | | | |
| | | Paula Lintner | | | | | | | |
| | Name of Person | | | | | | - Andrews | | |
| | United Corporate Services, Inc. | | | | | | | | |
| | Firm/Company | | | | | | | | |
| | 874 Walker Road, Suite C | | | | | | | | |
| | Address Dover, DE 19904 | | | | | | | | |
| | | | | | | | | | |
| | City/State and Zip Code | | | | | | | | |
| | | | | | | | | | |
| | • | E-mail address: (to be used for future annual report notification) | | | | | | | |
| For fur | ther infor | mation concernin | g this matter, please call: | | | | | | |
| | Paula L | intner | 302 at (| 734-83 | 00 | | | | |
| | | Name o | of Contact Person | Area Code | Day | time Telephone Numb | er | | |
| | Division Registra P.O. Bo | NG ADDRESS: n of Corporations ation Section to K 6327 ssee, FL 32314 | | | Division of Registration But 2661 Exe | ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301 | SECRETARY O | 15 JUN -5 A | manum promote g |
| Enclosed is a check for the following amount: \$\Begin{align*} \begin{align*} \text{\$125.00 Filing Fee} & Certificate of Status \end{align*} | | | ☐ \$155.00 Filin Certified Copy | ıg Fee & | ☐ \$160.00 Filing Fe of Status & Certified | | | | |

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

IN COMPLIANCE WITH SECTION GOSOXO, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED UABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: LA ROCCA, 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 mane must include "Limited Liability Company," "L.L.C." or "LLC.") DeJaware (Jurisdiction under the law of which foreign limited liability (Hil number, if applicable) company is organized) n/a (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penelty liability) 921 Denton Blvd, NW, Apr. 131 Fort Walton Beach, FL 32547 (Street Address of Principal Office) 921 Denton Blvd, NW, Apt. 131 Fort Walton Beach, FL 32547 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) United Corporate Services, Inc. Name: 9200 South Dadeland Blyd.- Suite 508 Office Address: Mianni Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation 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 an registered agent. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are; Rodney Lacson, 921 Denton Blvd, NW, Apt. 131, Fort Walton Beach, FL 32547 Cara Lacson, 921 Denton Blvd, NW, Apt. 131, Fort Walton Beach, FL 32547

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custode 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 made oath of the translator must be submitted)

Signature of an authorized person

the accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated become true. 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.)

Rodney Lacson

Typed or printed name of signee

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LA ROCCA, 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 FOURTH DAY OF JUNE, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LA ROCCA, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2014.

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

5611064 8300

150881204

AUTHENTYCATION: 2438271

Jeffrey W. Bullock, Secretary of State

DATE: 06-04-15

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