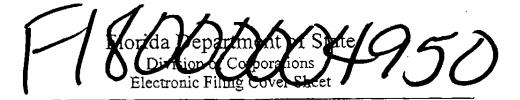
Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180002984193)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : BILZIN SUMBERG BAENA PRICE & AXELROD LLP

Account Number : 075350000132

: (305)374-7580 Phone

: (305)351-2122 Fax Number

\*\*Enter the email address for this business entity to be used for fullure\_ annual report mailings. Enter only one email address please.\*\*

Email Address:

### FOREIGN PROFIT/NONPROFIT CORPORATION ROCKFREE CORP.

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$87.50

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Corporate Filing Menu

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## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. ROCKFREE CORP. (Enter name of corporation; must include "INCORPORATED," "COMPANY." "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (FEI number, if applicable) (State or country under the law of which it is incorporated) (Date of duration, if other than perpetual) (Date of incorcoration) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1200 Brickell Avenue, Suite 1200, Miami, Florida 33131 (Principal office address) 1200 Brickell Avenue, Suite 1200, Miami, Florida 33131 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Capitol Corporate Services, Inc. Name: 515 East Park Avenue, 2nd Floor Office Address: Tallahassee . Florida 9. 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 as registered agent.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature)

Krista Abair, Asst. Secretary on behalf of Capitol Corporate Services, Inc.

11. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	<del> </del>
Manuel Zarraluqui Director:	ર્જ
Address:	<u> </u>
Miami, Florida 33131	<u></u> .
Director:	
Address:	
	55
B. OFFICERS	
Manuel Zarraluqui President:	
1200 Brickell Avenue, Suite 1200	
Miami, Florida 33131	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: if recessory, you may attach an addendum to the application listing additional officers at 12.	entror deforations,
Signature of Director or Officer.  The officer or girector signing this document (and who is listed in number 11 above) affirms the	
are true and that he or she is aware that false information submitted in a document to the Departs a third degree felony as provided for in s.817.155, F.S.	nerii of Sime constitutes
13. Miermel Zierrahugul, Przaidmu	·
(Typed or printed came and capacity of person signing application)	

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# Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ROCKFREE CORP." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FIFTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ROCKFREE CORP."
WAS INCORPORATED ON THE FIFTH DAY OF OCTOBER, A.D. 2018.

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

7088511 8300
SR# 20187013173
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203560808

Date: 10-05-18

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#### ROCKFREE CORP 1200 Brickell Avenue, Suite 1200 Miami, FL 33131

#### WRITTEN CONSENT GRANTING APPROVAL FOR USE OF NAME

ROCKFREE CORP, a dissolved Florida corporation (the "Corporation"), organized on August 28, 2018 and assigned Document No. P18000073550, does hereby grant permission and approves the filing of the Application By Foreign Corporation For Authorization to Transact Business in Florida of ROCKFREE CORP., which is an affiliate of the Corporation.

The undersigned, being the President of the Corporation has executed this Written Consent Granting Approval for Use of Name on behalf of the Corporation this 17th day of October, 2018.

ROCKFREE CORP, a dissolved Florida corporation

Manuel Zar

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October 29, 2018

#### FLORIDA DEPARTMENT OF STATE

BILZIN SUMBERG BAENA PRICE & AXELROD LLP

SUBJECT: ROCKFREE CORP.

REF: W18000094770

Fax to: 850-617-6383

49031 UR.

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Page 3 of 4 where the directors are listed is illegible.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II FAX Aud. #: H18000298419 Letter Number: 118A00022209