## F19000004043

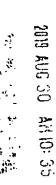
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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SEP 0 4 2019 M. SOLOMON



August 20, 2019

CAREY LEARY ANTHONY L.G., PLLC 625 N. FLAGLER DRIVE, SUITE 600 WEST PALM BEACH, FL 33401

SUBJECT: ROKK3R FLAMINGO INC.

Ref. Number: W19000077134

We have received your document for ROKK3R FLAMINGO INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon Regulatory Specialist II Supervisor

Letter Number: 919A00017157

BECEIVED

AUG 3 0 2019

## **COVER LETTER**

TO:	Registration Sect					
	Division of Corp					
	Rokk3r Fla	_				
SUBJ	ECT:					
		Name (	of corporation	- must include suffix		
Dear 9	Sir or Madam:					
"Certi		." or "Certificate	of Good Stan	ding" and check are su	act Business in Florida," bmitted to register the	
Please Carey	return all correspo Leary	ondence concerni	ng this matter	to the following:		
-			Name of 1	Person	<del> </del>	
Anthoi	ny L.G., PLLC		ivanic or i	CISOR		
			Firm/Com	pany		
625 N.	Flagler Drive, Suite	600		,		
			Addre	SS		
West I	alm Beach, FL 3340	) I				
	· · · · · · · · · · · · · · · · · · ·	•	City/State ar	ıd Zip code		
Luisa@	∮rokk3r.com					
	•	E-mail address	: (to be used f	or future annual report	notification)	
For fu	rther information c	oncerning this m	atter, please c	all:		
Carey Leary			561	433-6224		
	Name of Person		at ( Area Code	_) : Daytime Teler	phone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations			S:	MAILING ADDRESS: Registration Section Division of Corporations		
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				P.O. Box 6327 Tallahassee, FL 32314		
Enclos	sed is a check for th	ne following amo	ount:			
<b>5</b> 70	0.00 Filing Fee	S78.75 Filing Certificate o		\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy	

## 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. Rokk3r Flamingo Inc. 1 (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) 2. (State or country under the law of which it is incorporated) (FEI number, if applicable) Perpetual 5. (Date of incorporation) (Date of duration, if other than perpenual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 2121 NW 2ND AVENUE #203, Miami, FL 33127 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Corporate Creations Network Inc. Office Address: 11380 Prosperity Farms Road #221E Paim Beach Gardens \_, Florida\_33410 (City) 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. Ryan Sullivan, Special Secretary (Registered agent's signature)

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.

11. Names and business addresses of officers and/or directors:

A. DIR	RECTORS	
Chairmar	n:	
Address:		
Vice Cha	airman:	
Address:		
Director:	German Montoya	
Address:	2121 NW 2nd Ave., #203	
	Miami, FL 33127	
Director:	Carlos Garcia	_
Address:	544 Silverado Drive	
	Tiburon CA 94920	- R
B. OFF	TICERS	- E
President	: Carlos Escobar	ಲ
Address:	2121 NW 2nd Avenue, #203	<u> </u>
	Miami, FL 33127	<del>- ခု</del>
Vice Pres	sident:	<del></del>
		-
Secretary:		
Address:		
Treasurer		
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
12	Signature of Officer	
The officate are true a	Signature of the control of the cont	erein
	CARLOS ESCOBUR	
	(Typed or printed name and capacity of person signing application)	



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

DELAWARE, DO HEREBY CERTIFY "ROKK3R FLAMINGO INC." 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 TWENTY-SEVENTH DAY OF AUGUST, A.D.

2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ROKK3R FLAMINGO INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF OCTOBER, A.D. 2018.

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

Authentication: 203478550

Date: 08-27-19