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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FOREIGN PROFIT/NONPROFIT CORPORATION

Rockval, Inc.

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$87.50

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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.

Rockval, Inc.				
(Enter name of co	rporation; must include "INCORPORATED," "Crp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION	¥,"	
Rockval Real Esta				
(If name unavaila	ble in Florida, enter alternate corporate name ado	pted for the purpose of transaction	ng business	in Florida)
Delaware 2.	3			
1 1 20 2020		(FEI number, if a		
4(Date	of incorporation)	(Date of duration, if other than perpetual)		
6.				
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502	orida, if prior to registration), F.S., to determine penalty liabi	lity)	
	errace, Lake Worth, FL 33449			
,	(Principal	office address)		
 	(Current mailing	address, if different)		· · · · · · · · · · · · · · · · · · ·
8. Name and stree	et address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)	**	
Name:	NRAI Services, Inc.	_	Ą,	•
Office Address:	1200 South Pine Island Road		f. (- -	
	Plantation,	, Florida		.a
	(City)	(Zip code)	7	

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.

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

A. DIRECTORS	
Chairman: N/A	
Address:	
Vice Chairman: N/A	
Address:	
Grant Weiss Director:	
10515 Kinkaid Terrace Address:	
Lake Worth, FL 33449	
Director:	
Address:	<u></u>
B. OFFICERS	
Grant Weiss President:	
10515 Kinkaid Terrace	
Address:Lake Worth, FL 33449	
N/A	
Vice President:	
Address:	
Grant Weiss	
Secretary:	
Address:Grant Weiss	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
12Grant Weiss Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated have true and that he or she is aware that false information submitted in a document to the Department of State consument degree felony as provided for in s.817.155, F.S.	ierein stitutes
Grant Weiss, Chief Executive Officer	
,	



Page 1

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

DELAWARE, DO HEREBY CERTIFY "ROCKVAL, 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 THIRTY-FIRST DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ROCKVAL, INC."

WAS INCORPORATED ON THE THIRTIETH DAY OF JULY, A.D. 2020.

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

e at corp.delaware.gov/aut

Authentication: 203385982

Date: 07-31-20