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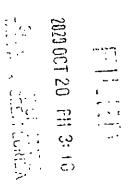
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10/26/20 ,

COVER L	ETTER	
ė,		
TO: Registration Section Division of Corporations		
SUBJECT: ROCK Homes Inc.		
	ı - must include suffix	-
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stanabove referenced foreign corporation to transact busine	nding" and check are submitted to register the	
Please return all correspondence concerning this matter	r to the following:	
Delilah J. Volpe	221	
Delilary Lolpe Name of	Person - 9	
En Enly Miso Sorving	20	
Fox Enterprise Services	npany P	
	جي جي ا	
7630 Freedom Ave NW	rss	_
North Canton, OH 44720	and Zip code	—
	•	
Avolpe (cotoxenterprosise	Nicls. com for future annual report notification)	
For further information concerning this matter, please of	call:	
Name of Person Area Cod	be Daytime Telephone Number	
Name of Person Area Cod	de Daytine retephose Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	P.O. Box 6327 Tallahassee, FL 32314	
Tallahassee, FL 32303	Tallanassee, T.D. 52517	
Enclosed is a check for the following amount:		
Please make check payable to: FLORIDA DEPARTMENT		
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy ☐ Certificate of Stat	
Certificate of Startes	Certified Copy	

PPLICATION 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. Rock Homes Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co." or "Corp.") Fox Enterprise Scruices, Ine (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. OHIO
(State or country under the law of which it is incorporated)

3. 20-2810329
(FEI number, if applicable) 4. 4/25/2005
5. Perpetuci
(Date of incorporation)
(Date of duration, if other than perpetual) 6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7.7630 Freedom Ne NW North Canton OH 44720
(Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Fort Myers . Florida 33912 (City) (Zip code) Office Address: 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.

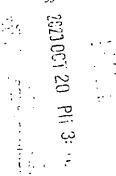
A. DIRECTORS Name: Delilah | Volpe Name: ☐ Chairman □Chairman Ovice Chairman Address: 7430 Freedom Ave No ☐ Vice Chairman Address: North Caston, OH 44720 Director Director □ President President □ Vice President □ Vice President □ Secretary ☐ Treasurer ☐ Treasurer ☐ Secretary DOther CFO____ □ Other _____ □Other ____ □Other _____ Name: Anthony Volpe Chairman Name: □ Chairman Uvice Chairman Address: 12898 Kedleston Circle □Vice Chairman Address: Fort Myers, FL 33912 □ Director □ Director □President □President ☑Vice President □Vice President □ Secretary □ Treasurer ☐ Secretary □Other _____ □Other _____ ☐Other ____ □ Chairman Name: _____ □ Chairman Address: □Vice Chairman □Vice Chairman Address: ______ □Director ☐ Director □ President □President □Vice President □Vice President □ Treasurer □ Secretary ☐ Treasurer □ Secretary □Other ______ □Other ___ □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. 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 herein are true and that he or

she is aware that 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.

13. <u>Delilah J Volpe, CFO</u>

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ROCK HOMES, INC., an Ohio corporation, Charter No. 1537491, having its principal location in Canton, County of Stark, was incorporated on April 25, 2005 and is currently in GOOD STANDING upon the records of this office.



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Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 25th day of September, A.D. 2020.

Ohio Secretary of State

I for

Validation Number: 202026900812