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COVER LETTER

		tration Section of Corpo						
SUBJE	ΈΤ٠	Rockville P	ertners, Inc.					
SODJE	,C 1 .		Name	of corporation	on - mu	st include suffix		
Dear Sir	or M	adam:						
"Certific	cate o	f Existence,		e of Good St	anding"	orization to Transac and check are sub Florida.		
Please r	eturn	all correspo	ndence concerr	ning this matt	er to th	e following:		
Jasmine	James							
				Name o	of Perso	n		
Wyomin	g Con	orate Service	:s				4D P	ب
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support3	@wyc	omingcompar	-				• • •	- ယ
			E-mail addres	ss: (to be used	d for fu	ture annual report n	otification)	
For furtl	her in	formation co	oncerning this r	natter, please	call:			
Jasmine	James			at (307	63	32-3333		
	Nam	e of Person		Area Co	ode .	Daytime Telepl	hone Number	_
	Regis Divis The C 2415	tration Section of Corpo Centre of Tal	orations lahassee Street, Suite 81			MAILING A. Registration Son Division of Con P.O. Box 6327 Tallahassee, F	ection orporations 7	
	ake ch	eck payable (e following am o: FLORIDA D S78.75 Filio Certificate	DEPARTMEN ng Fee &	□ \$78	STATE .75 Filing Fee & rtified Copy	S87.50 Fil Certificate Certified (of Status

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.

	orporation; must include "INCORPORATED," "	COMPANY," "CORPORATION,"	
"Inc.," "Co.," "Co	orp," "Inc," "Co," or "Corp.")		
Of name unavails	able in Florida, enter alternate correcte name add	opted for the purpose of transacting business in Flori	da)
Texas			,
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)	
10/12/2018	,,	(2, mand), a = pp	
	of incorporation) 5.	(Date of duration, if other than perpetual)	-
(Date	of incorporation)	(Date of duration, if other than perpetual)	121
		<u></u>	-
	(Date first transacted business in F		70 1
	(SEE SECTIONS 607.1501 & 607.1502	, F.S., to determine penalty habitity)	9
100 Kings Point I	Or. Apt 701, Sunny Isles Beach, FL 33160	<u> </u>	P
	(Frincipal office	street address)	
100 Kings Point	Dr. Apt 701, Sunny Isles Beach, FL 33160	ΞĀ	••
	(Current mailing a	ddress, if different)	<u>`</u> ω
Name and stree	et address of Florida registered agent: (P.O. l	30x NOT acceptable)	
Name:	Rajmund Istvan Hauer	_	
ffice Address:	100 Kings Point Dr. Apl 701		
	Sunny Isles Beach	, Florida 33160	
	(City)	(Zip code)	

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.

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

Director Dother Dother Dother Dother Director Direct
Director
□ Vice President □ Secretary □ Treasurer □ Other □ □ Other □ □ Other □ □ Chairman Name: □ □ Vice Chairman Address: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
□ Secrotary □ Treasurer □ Other □ □ □ Other □ □ □ Other □ Other □ Other □ □
□Other □Other □Other □ □Chairman Nume: □ □Vice Chairman Address: □
□ Chairman Name:
Address:
O Director
□President
□Vice President □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
Socrotary Direasure
Other Done D
□Chairman Namo: □ □ □ □
□Vice Chairman Address:
□ Director
☐President
□Vice President
□Secretary □Treasurer
OtherOther

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. MOSHE SEFCHOVICH, Director

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Rockville Partners, Inc. (file number 803146509), a Domestic For-Profit Corporation, was filed in this office on October 12, 2018.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 15, 2021.



Ruth R. Hughs Secretary of State