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EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Rock OH Software LLC. Name of Limited Liability Company |
| The enclosed Articles of Organization and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Jeremy Pape Name of Person Rock Out Software LLC. |
| 4502 Berringer Drive Address |
| Niceville, Fl 32578 City/State and Zip Code |
| Jeremy pope @ out 00 kacom E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Jeremy Pape at (850) 217 - 1913 Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations |

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: |
|---|
| The name of the Limited Liability Company is: |
| Rock Out Software LLC. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: |
| The mailing address and street address of the principal office of the Limited Liability Company is: |
| Principal Office Address: Mailing Address: |
| Jeremy Pope Jeremy Pope 4502 Berringer Drive 4502 Berringer Drive Niceville, FL 32578 Niceville, FL 32578 |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) Effective Date 01 01 |
| The name and the Florida street address of the registered agent are: |
| Jeremy Pope Name |
| 4502 Berringer Drive Florida street address (P.O. Box NOT acceptable) |
| Niceville FL 32578 City, State, and Zip |
| Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. |
| Registered Agent's Signature (REQUIRED) |

(CONTINUED)

| ARTICLE IV- Manager(s) or Mana The name and address of each Manage | |
|--|---|
| Title: "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
| MGR | Jeremy Pope 4502 Berringer Dive |
| MGR | Miceville 121 415 14 Troy Dedman 1633 Peter Court |
| | |
| | |
| (Use attachment if necessary) | |
| | date of filing: <u>Jan 1, 20/3</u> . (OPTIONAL) specific and cannot be more than five business days prior |
| REQUIRED SIGNATURE: | |
| Signature of a member | or an authorized representative of a member. |
| (In accordance with section 608.4 constitutes an affirmation under the lambda of the l | 408(3), Florida Statutes, the execution of this document the penaltics of perjury that the facts stated herein are true. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.) |
| Jeremy ! | S Poe ed or printed name of signee |

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)