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ALLAHASSEE, FLOX

## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

ENTITY NAME ST	ONEROCK CAPITAL	. MANAGER, LLC.	**WALK IN*
DOCUMENT NUME	BER		
	**PLEASE FILL	E THE ATTACHED AND RETURN**	<i>40</i> ,
	Plain Copy		
× > 3X	Certified Copy		18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Certificate of State	zs <b>s</b>	
	**PLEASE OBTAIN TI	HE FOLLOWING FOR THE ABOVE ENTITY*	•
		Arts & Amendments	
<u></u>	Certified Copy of 1	Arts & Amendments Complete File (Including Anna	al Reports)
<del></del>	Certificate of State	us	
	Certificate of State	us Reflecting:	• • • • •
	**APOSTILLE	"/ NOTARIAL CERTIFICATION**	
COUNTRY OF DESTI	NATION		
NUMBER OF CERTIF	FICATES REQUESTED_		
TOTAL OWED \$	155,06	ACCOUNT # 120140000108 United Corporate Services, Inc. For any issues or concerns, Thank you	Keith/limit

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

StoneRock Capital	Manager, LLC		
(Must cont	ain the words "Limited Lia	bility Compai	ny, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street a	ddress of the principal offic	re of the Limi	ted Liability Company is:
<u>Princip</u>	al Office Address:		Mailing Address:
7216 Carmel CT	Boca Raton FL 33433	7	216 Carmel CT Boca Raton FL 33433
ARTICLE III - Registered Ag	cannot serve as its own Re	gistered Agei	gent's Signature: nt. You must designate an individual o
ARTICLE III - Registered Ag (The Limited Liability Company	ent, Registered Office, & learning cannot serve as its own Reactive Florida registration.)	egistered Agei	gent's Signature: nt. You must designate an individual o
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	ent, Registered Office, & learning cannot serve as its own Reactive Florida registration.)	gistered Aget gent are:	gent's Signature: nt. You must designate an individual o
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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 605. F.S..

Michael A. Barr
Registered Agent's Signature (REQUIRED)

Michael A. Barr, President

(CONTINUED)

3

ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = A	uthorized Member	Name and Address:		
"MGR" = Ma	nager			
AMBR		Stonerock Capital Partners LLC		
		7216 Carmel CT Boca Raton FL 33433		
	<del></del>			
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(Llan attanbas s	nt if necessary)			
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