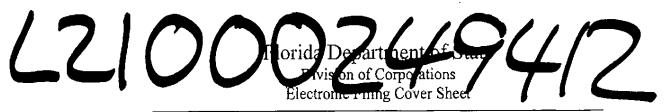
Page 1 of 2



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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : DAVID C. HASTINGS, CPA, PA

Account Number: I20000000168

Phone

: (727)322-0909 : (727)610-8595 Fax Number

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

DAVIDCAA @ TAMPADAY, P.R. COM Email Address:

FLORIDA LIMITED LIABILITY CO. ROCKSTEP INV OF GULFPORT, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLESOR	ORGANIZATIONFOR	RLUNIDA LIMITEDA	LABILITY COMPANI
ARTICLE I - Name: The name of the Limited Liabilit	y Company is:		·
ROCKSTEP INV OF			
(Must cont	ain the words "Limited"	Liability Company, "	L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	ffice of the Limited I	Liability Company is:
<u>Princip</u>	al Office Address:		Mailing Address:
2207 54TH ST S GULFPORT, PL 337	707	<u>SAM</u>	E
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	cannot serve as its own	Registered Agent. Y	t's Signature: 'ou must designate an individual or
The name and the Florida street	address of the registered	I agent arc:	
	DAVID C HASTING	GS, CPA	
		Name	
	2207 54TH ST S		
	Florida street addres	s (P.O. Box <u>NOT</u> ac	ceptable)
	GULFPORT	FL	33707
	City	State	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 60 F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2	DAVID C HASTINGS CPA 1207 54TH ST S SULFPORT, FL 33707	
attachment if necessary)	2207 54TH ST S SULFPORT, FL 33707	
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ng.) late inserted in this block does not meet t 's effective date on the Department of Stz	he applicable statutory filing requirements, this date will no	ot be lister
Other provisions, if any,		
UIRED SIGNATURE:		
_ CCH	astro	_
Signature of a member	for an authorized representative of a member.	-
Signature of a member This document is executed in	for an authorized representative of a member, accordance with section 605.0203 (1) (b), Florida Statutes.	-
Signature of a member This document is executed in I am aware that any false infor	Nor an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. Imation submitted in a document to the Department of State	2
Signature of a member This document is executed in I am aware that any false infor	for an authorized representative of a member, accordance with section 605.0203 (1) (b), Florida Statutes.	2
Signature of a member This document is executed in I am aware that any false infor constitutes a third degree folor DAVID C HASTINGS	Nor an authorized representative of a member, accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.	2
Signature of a member This document is executed in I am aware that any false infor constitutes a third degree folor DAVID C HASTINGS	Nor an authorized representative of a member, accordance with section 605,0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.	2
Signature of a member This document is executed in I am aware that any false infor constitutes a third degree folor DAVID C HASTINGS	Nor an authorized representative of a member, accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.	2