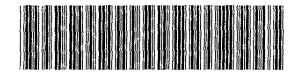
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(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
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Certified CopiesCertificates of Status				
Special Instructions to Filing Officer:				

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SEC ANALES AL DEBA

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: Sunrock Ventures Managem	A PARTY AND A STATE OF THE STAT	
	(Name of	Limited Liability Company)	
Florid		d Liability Company for Authorization to Transact lare submitted to register the above referenced foreig da	
Please	e return all correspondence concerning the	his matter to the following:	
	Tate Garrett		
(Name of Person) Sunrock Ventures (Firm/Company) 210 S. Hesperides Street (Address)			
	C - 1 W. A		
	Sunrock Ventures	(Firm/Company)	
		(Pilli Company)	
	210 S. Hesperides Street		_
		(Address)	Ala Samerieri (Ala Sa
	Tampa, Florida 33609		
	(Cit	ty/State and Zip Code)	
For fu	rther information concerning this matter	r, please call:	
	Tate Garrett	at (813) 597-4683	
	(Name of Person)	(Area Code & Daytime Telephone Number	er)
	MAILING ADDRESS:	STREET ADDRESS:	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327	Clifton Building 2661 Executive Center Circle	
	Tallahassee, FL 32314	Tallahassee, FL 32301	
Enclo	sed is a check for the following amount: \$\Bigsir \\$125.00 \text{ Filing Fee} \Bigsir \\$130.00 \text{ Filing Fe} \text{Certification}	ee & 🗷 \$155.00 Filing Fee & 🛘 \$160.00 Filing Fee, C	Certificate Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Sunrock Ventures Management, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," the property of the same of th (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 5 Perpetual 4 August 31, 2007 (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 201 E. Kennedy Blvd., Suite 950, Tampa, FL 33602 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: Tate A. Garrett 210 S. Hesperides Street Tampa, FL 33609 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Venture capital Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

Tate

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

If name un	available, the alternate name to	be used in the state of Florida is:		
	<u> </u>	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	·	
2. The nan	ne and the Florida street address	of the registered agent and office are:	O7 OCT	
	Tate A. Garrett			
	(Name)			
	210 S. Hesperides Stre	eet	PH 3: 09	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		- - - - -	
	Tampa	33609		
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 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE :

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUNROCK VENTURES MANAGEMENT, LLC"

IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 2007.



Warriet Smith Windsor, Secretary of State

AUTHENTICATION: 6020719

DATE: 09-24-07