1/18/2016 11:23:43 AM From: To: 8506176383(1/4)

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COVER LETTER

BJECT:		anagement Partners, LLC					
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e enclosed stence, an	l "Application by Fo id check are submitt	preign Limited Liability Co ed to register the above re	ompany for Authoriz ferenced foreign lim	ation to Ti ited liabili	ransact Business in Florida," Certifica ty company to transact business in Flo		
ase return	all correspondence	concerning this matter to	the following:				
	Kathleen Swe	ncki					
			Name of Person				
	Priderock Cap	ital Partners					
	···········		Firm/Company				
	525 Okecchob	ee Blvd., Suite 1650					
			Address				
	West Palm Be	ach, FL 33401					
		Cit	y/State and Zip Code				
	kswencki@prep	lle.com					
		E-mail address: (to be u	sed for future annual	report no	tification)		
further in	formation concernir	ig this matter, please call:			•		
Kath	ileen Swencki		561	653-93	32		
	Name o	of Contact Person	Area Code	Day	rtime Telephone Number		
Divis Regi P.O.	LING ADDRESS: sion of Corporations stration Section Box 6327 thassee, FL 32314			Division Registrat Clifton B	F ADDRESS: of Corporations ion Section uilding ecutive Center Circle		
				Tallahass	ce, FL 32301		
	check for the follow 25.00 Filing Fee	ring amount: □ \$130.00 Filing Fee &	□ \$155.00 Filir	F 0	□ \$160.00 Filing Fee, Certificate		

1/18/2016 11:23:43 AM From: To: 8506176383(3/4)

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TUMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign Limited Liability Company: nurst include "Limited Liability Company." "L.L.C." or "L.			
Liability Company, ""L.L.C," or "LLC.") 2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 4. 01/15/2016 (Date first transacted business in Florida. if prior to registration.) (See sections 605.0904 & 605.0905, F.5. to determine penalty liability) 5. 525 Okeechobee Blvd., Suite 1650 West Palm Beach, FL 33401 (Street Address of Principal Office) West Palm Beach, FL 33401 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CT Corporation System Office Address: 1200 South Pine Island Road Plantation (City) Registered agent's neceptance: Registered agent's neceptance: Registered agent and to accept service of process for the above stated limited liability context in this application, I hereby accept the appointment as registered agent and agree to act in this capa to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the obligations of my position as registered agent. By: The provision System (Registered agent's signatury) (Registered agent's signatury) Registered agent agent and address of the person(s) who has/have authority to manage is/are: David Khoury, managing member, 525 Okeechobee Blvd., Suite 1650, West Palm Beach, FL Occupation of the proper and complete performance of my duties, and I accept the agent agent. Registered agent's signatury to manage is/are: David Khoury, managing member, 525 Okeechobee Blvd., Suite 1650, West Palm Beach, FL Occupation of the proper and complete performance of the person	.C.")		
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West Palm Beach, FL 33401 (Street Address of Principal Office) West Palm Beach, FL 33401 (Mailing Address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: Office Address: Office Address: (City) (Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability contextignated in this application, 1 hereby accept the appointment as registered agent and agree to act in this capa to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and in accept the obligations of my position as registered agent. Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: David Khoury, managing member, 525 Okeechobee Blvd., Suite 1650, West Palm Beach, FL Occord Banks, managing member, 525 Okeechobee Blvd., Suite 1650, West Palm Beach, FL Occord Atlached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody			
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Typed or printed name of Signee			



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PRIDEROCK FUND MANAGEMENT PARTNERS,

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 FIFTEENTH DAY OF JANUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5936790 8300 SR# 20160249966 at corp delaware gov/aut bue

Authentication: 201683163

Date: 01-15-16

You may verify this certificate online at corp.delaware.gov/authver.shtml