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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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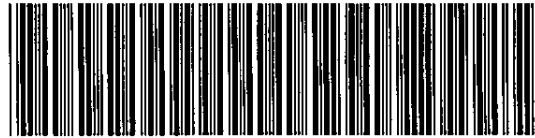
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 11, 2017

CYNTHIA SALLAY
1 INTERNATIONAL BLVD SUITE 300
MAHWAH, NJ 07495

SUBJECT: CASTLE ROCK CAPACITY LLC
Ref. Number: W17000040624

2017 MAY 26 PM 2:58
TALLAHASSEE, FLORIDA

We have received your document for CASTLE ROCK CAPACITY LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 317A00009470



CAPACITY COVERAGE COMPANY OF NEW JERSEY, INC.

Insurance and Financial Services

May 2, 2017

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Castle Rock Capacity LLC
FEIN # 82-1416290

To whom it may concern:

Please find the enclosed application for Foreign Registration of a Limited Liability Company for the above along with check # 1088 in the amount of \$125.00 for filing fees. . If you have any questions or if you require any additional information please contact me at csallay@capcoverage.com or at 201-661-2348.

Sincerely,

Cynthia Sallay
Compliance Administrator

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Castle Rock Capacity LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Cynthia Sallay - Compliance Administrator

Name of Person

c/o The Capacity Group

Firm/Company

1 International Boulevard, Suite 300

Address

Mahwah, NJ 07495

City/State and Zip Code

csallay@capcoverage.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cynthia Sallay

201

661-2348

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Castle Rock Capacity LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited
Liability Company," "L.L.C.," or "LLC.")

2. New York 3. 81-1416290
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
company is organized)

4. Upon Qualification
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 90 Broad Street, Suite 1503

New York, NY 10004

(Street Address of Principal Office)

6. 1 International Boulevard, Suite 300

Mahwah, NJ 07495

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and
accept the obligations of my position as registered agent.

By: Brian Mueller
C T Corporation System
(Registered agent's signature)

Brian Mueller
Assistant Secretary

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Robert Lull - Treasurer Brett Lipton - Vice President Jon Lipton - President

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath
of the translator must be submitted)

[Signature]
Signature of an authorized person

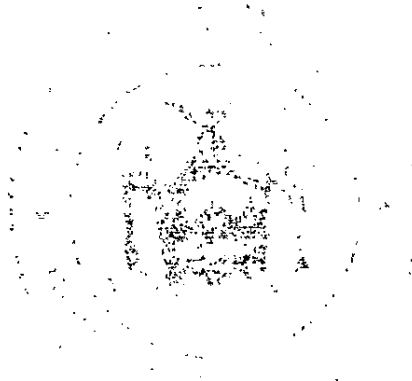
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information
submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Robert Lull - Treasurer

Typed or printed name of signee

State of New York
Department of State } ss:

I hereby certify, that CASTLE ROCK CAPACITY LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 02/10/2016, and that the Limited Liability Company is existing so far as shown by the records of the Department.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 26th day of April two
thousand and seventeen.*

A handwritten signature in black ink, appearing to read "B. Fitzgerald", is written over a horizontal line.

*Brendan W. Fitzgerald
Executive Deputy Secretary of State*