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(FAX) 818-3588

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Florida Department of State
Division of Corporations
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Division of Corporations
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From:

Account Name : VCORP SERVICES, LLC
Account Number : 120080000067
Phone : (845)425-0077
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Foreign Limited Liability Company
Rose Builders Group, LLC

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K. SALY

FEB 28 2018

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. Rose Builders Group, 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

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(FEI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability)

5. 19 Squadron Blvd, Unit No. 5

(Street Address of Principal Office)

New City, NY 10956

6. 19 Squadron Blvd, Unit No. 5

(Mailing Address)

New City, NY 10956

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

Name: Vcorp Services, LLC

Office Address: 5011 South State Road 7, Suite 106

Davie

(City)

Florida 33314

(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.

(Registered Agent's signature)

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

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Member

Shimon Rosenberg

19 Squadron Blvd, Unit No. 5
New City, NY 10956

(Use attachments if necessary)

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)

10. 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.

Signature of an authorized person

Shimon Rosenberg

Typed or printed name of signer

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**State of New York
Department of State } ss:**

I hereby certify, that FOCS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/30/2015, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

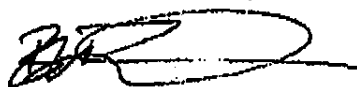
A certificate changing name to ROSE BUILDERS GROUP, LLC was filed on 02/01/2016.

A Certificate of Publication of ROSE BUILDERS GROUP, LLC was filed on 03/07/2016.

A Biennial Statement was filed 12/01/2017.

I further certify, that no other documents have been filed by such Limited Liability Company.

Witness my hand and the official seal
of the Department of State at the City
of Albany, this 26th day of February
two thousand and eighteen.



Brendan W. Fitzgerald
Executive Deputy Secretary of State



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