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Special Instructions to	Filing Officer:	
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Office Use Only

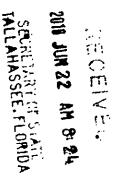


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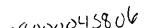
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May 15, 2018

ANDREW M FELDMAN 7700 N KENDALL DRIVE STE 809 MIAMI, FL 33156 US

SUBJECT: ROCKSTAR MANAGEMENT LLC

Ref. Number: W18000045806

We have received your document for ROCKSTAR MANAGEMENT LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$1,055.00.

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.

Janeice L Smith
Regulatory Specialist II
Registration Section

Letter Number: 218A00010055

2018 JUN 22 AH 8: 57 SEPARTMEN, 77 ST DIVISION OF COMD A

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	ROCKSTAR MAN	AGEMENT LLC		
		Name of	Limited Liability Company	
The enclosed Existence, an	l "Application by Fo id check are submitte	reign Limited Liability Comed to register the above refer	pany for Authorization to Treenced foreign limited liability	ransact Business in Florida," Certificate of ty company to transact business in Florida.
Please return	all correspondence	concerning this matter to the	following:	
	Andrew M. Fe	dman		
		N	ame of Person	
	Feldman Law			
		F	irm/Company	
	7700 N. Kenda	ll Drive, Ste. 809		
			Address	
	Miami, FL 331	56		
		City/S	tate and Zip Code	
	AFeidman@Feld	lmanLawOffices.com		
		E-mail address: (to be use	d for future annual report no	ufication)
For further in	formation concernin	g this matter, please call:		
Anc	irew M. Feldman		305 445-20 _at ()	
	Name o	f Contact Person	Area Code Day	rtime Telephone Number
Divi Regi P.O.	ILING ADDRESS; sion of Corporations istration Section Box 6327 shassee, FL 32314		Division Registrat Clifton B 2661 Exe	r ADDRESS: of Corporations ion Section duilding ecutive Center Circle see, FL 32301
	check for the follow 125,00 Filing Fee	ing amount: ■ \$130.00 Filing Fee & Certificate of Status	S155.00 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 FULLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

V V, - V/W	m Limited Liebility Company; must include "Limite		•	
	name adopted for the purpose of transacting business in Flo	orids. The alternate name must include "Limited Lis	bliky Company," "L.L.C."	or "LLC.")
2. Delaware		3.		
(Jurisdiction under the law of	which foreign limited hability company is organized)	(FEI man)	per, if applicable)	
a 11/20/2014				
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.)		
5 11451 NW 36th Ave		6. 11451 NW 36th Ave.		
(Street Address o	Principal Office)	(Malling Add	ress)	
Miami, FL 33167		Miami, FL 33167		-
	ess of Florida registered agent: (P.O. Box Michael Shvartsman	x NOT acceptable)		
Name: Office Address:		·		
Office Address.	Miami	, Florida 33167		
Registered agent's acce	(City)	(Zip cod	le)	
to comply with the provi	cation, I hereby accept the appointment a isions of all statutes relative to the proper ns of my position as registered agant	process for the above stated limited is registered agent and agree to act r and complete performance of my	in this capacity.	I further a
to comply with the provi	isions of all statutes relative to the proper ns of my position as registered uyent	es registered agent and agree to act rand complete performance of my	in this capacity.	I further a
to comply with the provi	isions of all statutes relative to the proper	es registered agent and agree to act rand complete performance of my	in this capacity.	I further a
to comply with the provi and accept the obligation 8. The name, title or care	isions of all statutes relative to the proper ns of my position as registered uyent	as registered agent and agree to act and complete performance of my signature)	in this capacity.	I further a
to comply with the provi und accept the obligatio	isions of all statutes relative to the proper us of my position as registered upont. (Registered agent's	as registered agent and agree to act and complete performance of my signature)	in this capacity.	I further a landlar wi
to comply with the provi and accept the obligation 8. The name, title or care	isions of all statutes relative to the proper ins of my position as registered agent. (Registered agent's pacity and address of the person(s) who has	as registered agent and agree to act r and complete performance of my signature) as/have authority to manage is/are:	in this capacity. duties, and I am f	I further a landlar wi
to comply with the provi and accept the obligation 8. The name, title or can Title or Capacity:	pacity and address of the person(s) who he Name and Address: Raymond Corral 11451 NW 36th Ave.	as registered agent and agree to act r and complete performance of my signature) as/have authority to manage is/are:	in this capacity. duties, and I am f	I further a familiar wi
to comply with the provi and accept the obligation 8. The name, title or can Title or Canacity:	pacity and address of the person(s) who he Name and Address: Raymond Corral	as registered agent and agree to act r and complete performance of my signature) as/have authority to manage is/are:	in this capacity. duties, and I am f	further of familiar with the second s
8. The name, title or carrier MGR	pacity and address of the person(s) who he Name and Address: Raymond Corral 11451 NW 36th Ave. Miami, FL 33167	as registered agent and agree to act r and complete performance of my signature) as/have authority to manage is/are:	in this capacity. duties, and I am f	I further a familiar wi
to comply with the provi and accept the obligation 8. The name, title or can Title or Canacity:	pacity and address of the person(s) who he Name and Address: Raymond Corral 11451 NW 36th Ave. Miami, PL 33167 Michael Shvartsman	as registered agent and agree to act r and complete performance of my signature) as/have authority to manage is/are:	in this capacity. duties, and I am f	further of familiar with the second s
8. The name, title or carrier or Capacity: MGR	pacity and address of the person(s) who he Name and Address: Raymond Corral 11451 NW 36th Ave. Michael Shvartsman 11451 NW 36th Ave.	as registered agent and agree to act r and complete performance of my signature) as/have authority to manage is/are:	in this capacity. duties, and I am f	further of familiar with the second s
to comply with the proviund accept the obligation 8. The name, title or carries or Capacity: MGR	pacity and address of the person(s) who have and Address: Raymond Corral 11451 NW 36th Ave. Michael Shvartsman 11451 NW 36th Ave. Miami, FL 33167	as registered agent and agree to act r and complete performance of my signature) as/have authority to manage is/are:	in this capacity. duties, and I am f	further of familiar with the second s
8. The name, title or carries or Capacity: MGR (Use attachments if necessity is a certification under the layof the translator must be 10. This document is exes	Raymond Corral 11451 NW 36th Ave. Miami, FL 33167 Michael Shvartsman 11451 NW 36th Ave. Miami, FL 33167 essary) te of existence, no more than 90 days old, w of which it is organized. (If the certificat submitted) ecuted in accordance with section 605.0202 to the Department of State constitutes a the	duly authenticated by the official hate is in a foreign language, a translation of the control o	Name and Add	further a familiar with the under of formation
8. The name, title or carrier or Capacity: MGR (Use attachments if necessity is a certifical jurisdiction under the law of the translator must be 10. This document is exe	Raymond Corral 11451 NW 36th Ave. Miami, FL 33167 Michael Shvartsman 11451 NW 36th Ave. Miami, FL 33167 essary) te of existence, no more than 90 days old, w of which it is organized. (If the certificat submitted) ecuted in accordance with section 605.0202 to the Department of State constitutes a the	duly authenticated by the official hate is in a foreign language, a translate is in a foreign language, a translate is in a foreign language, a translate is in a foreign language.	Name and Add	further a familiar with the under of formation

Typed or pointed name of signoc



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ROCKSTAR 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-SIXTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ROCKSTAR MANAGEMENT LLC" WAS FORMED ON THE SEVENTH DAY OF MAY, A.D. 2014.

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

Anoca Carlo

Authentication: 202587926

Date: 04-26-18