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(A	ddress)	
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☐ PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
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BFF BIANCHI FASANI & FANTACCI LAW, PA

420 Lincoln Road. Suite 357, Miami Beach FL. 33139 o: 305.489.9100, f: 786.216.7088, www.bfflegal.com

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

To Whom It May concern,

Please find enclosed:

- The application by 4ROCK, LLC (the "Entity"), a Foreign Limited Liability Company, for authorization to transact Business in Florida:
- The Entity's Certificate of Existence; and
- A check for \$125.00

Please, contact us should you have any question or concern.

Best Regards.

Beatrice Bianchi Jasani

Beatrice Bianchi Fasani, Esq.

COVER LETTER

TO:

TO:	Registration Section Division of Corporations					
	4ROCK, LLC					
UBJE		ne of Limited Liabi	lin, Company		_	
	ivaii	ie of Littled Liabi	шу Сотрапу			
	closed "Application by Foreign Limited Liability ice, and check are submitted to register the above					
lease	return all correspondence concerning this matter t	o the following:				
	Beatrice Bianchi Fasani					
		Name of Person	1		_	
	BFF LEGAL					
		Firm/Company			_	
	420 Lincoln Road, Suite 357,					
		Address			<u></u>	
	Miami Beach					
		City/State and Zip (Code		-	
	bbianchi@bfflegal.com			7.	2019	 •
	E-mail address: (to be	e used for future ar	nnual report notification)	<u>:</u> :	- 55. - 55. - 60.	•
or fur	ther information concerning this matter, please ca	11:			1	;
	Beatrice Bianchi Fasani	305	489-9100	-n -n	무	,
		at ()		بر ب	
	Name of Contact Person	Area (Code Daytime Telephone	e Number	 زي دي	
	MAILING ADDRESS:		STREET ADDRESS:	7.		
	Division of Corporations		Division of Corporation	5		
	Registration Section P.O. Box 6327					
	Tallahassee, FL 32314		2661 Executive Center (Tallahassee, FL 32301	Circle		
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEP	ARTMENT OF S	STATE			
	\$125.00 Filing Fee \$130.00 Filing Certificate of		-	0.00 Filing tatus & Cei		

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: 4ROCK, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LI.C.") (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 "L.L.C," or "L.L.C.") DELAWARE 83-3142204 3. (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 480 NE 31st Street 420 Lincoln Road, Suite 357 (Street Address of Principal Office) (Mailing Address) Miami FL, 33137 Miami Beach, Florida, 33139 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) BFF MANAGEMENT SERVICES, INC. Name: 420 Lincoln Road, Suite 357 Office Address: Miami Beach 33139 tered agent's acceptance: ig been named as registered agent and to accept service of process for the above stated limited liability company at the place rated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree ply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with cept the obligations of my position as registered agent.

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Beatrice Bianchi Fasani Simon Misfud Manager Name: Manager Name: 420 Lincoln Road, Suite 357 65 B'Kara Hill, Member Address: ___ Address: ___ Miami Beach, FL, 33139 St Julian's, Malta Authorized Authorized Person Person Other Other____ Other____ Other Name: ____ Manager Name: ____ Member Address: ___ _ _ Member Address: Authorized Authorized Person Person Other Other____ Other /lanager Manager Name: Address: ____ 1ember Member Address: uthorized Authorized rson Person Other____ Other_ Other ant Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-I individuals may be added to the index when filing your Florida Department of State Annual Report form. hed is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the ion under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath inslator must be submitted) document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information 1 in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Beatrice Blanchi Fasani, Manager

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "4ROCK 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 DECEMBER, A.D. 2018.



Authentication: 204176955

Date: 12-26-18