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NAME: RJS ROC PROPERTIES LLC

TYPE OF FILING: APPLICATION

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Registration Section

TO:

Div	ision of Corporations		
SUBJECT:	RJS ROC Properties LLC		
		Name of Limited Liability Company	
		iability Company for Authorization to Transact Business in Florida, e above referenced foreign limited liability company to transact business.	
Please return	all correspondence concerning this	matter to the following:	
		Name of Person	
	Florida Filing & Search Servic	ces, Inc.	_
		Firm/Company	30.0
	155 Office Plaza Drive, Suite A	A	田門
		Address	0
	Tallahassee, FL 32301		PH
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	4: 5
	Scott@lighthouserochester.com	· . ·	O
	E-mail addres	ss: (to be used for future annual report notification)	
For further in	nformation concerning this matter, pl	lease call:	
Sco	tt S epp en	585 202-7967	
	Name of Contact Perso		
	ling Address:	Street Address:	
	gistration Section	Registration Section	
	vision of Corporations	Division of Corporations	
). Box 6327	The Centre of Tallahassee	
Tal	lahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Plea	losed is a check for the following armse make check payable to: FLORID 125.00 Filing Fee	DA DEPARTMENT OF STATE	

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. RJS ROC Properties LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.I.C.," or "LLC.")

(If name unavailable, enter alternate	e name adopted for the purpose of transacting business in Florida	a. The alternate name must include "Limited Li	iability Company," "L.L.C," or "LLC,")	
New York 2. (hursidiction under the law of which foreign limited liability company is organized		87-2624065 3		
(1m.20rcnon most the 12.4 of	wasca roreign innited liability company is organized)	(FEJ BAITH	eer, if applicable)	
4	(Date first transacted business in Florida, if prior to regis (See sections 605.0904 & 605.0905, F.S. to determine p	mation.)	2021	
517 State St.	(6.	DEC.	
(Street Address of Principal Office) Rochester, NY 14608		(Mailing Address)	PH C	
7 Name and street addr.	ess of Florida registered agent: (P.O. Box N	OT accentable)	T. 50	
7. Hank and succeasing	35 of Florida registered agent. (F.O. Box 10	(71_acceptable)		
Name:	Florida Filing & Search Services, Inc.			
Name: Office Address:	155 Office Plaza Drive, Suite A			

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)

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, BRENDAN C. HUGHES, Acting Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:

RJS ROC PROPERTIES LLC

DOS ID Number:

6263778

Entity Type:

DOMESTIC LIMITED LIABILITY COMPANY

Entity Status:

EXISTING

Date of Initial Filing with DOS:

08/20/2021

Statement Status:

CURRENT

Statement Due Date:

08/31/2023

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type:

ARTICLES OF ORGANIZATION

Date of Filing:

08/20/2021

Entity Name:

RJS ROC PROPERTIES LLC

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on December 03, 2021 at 02:07 P.M.

BRENDAN C. HUGHES, Acting Secretary of State

Bradon C Hugher

Authentication Number: 100000720178 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov

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: Name: Scott Seppen ☐ Manager □ Manager Name: Address: ___ 12 Stanford Way Member ☐Member Address: Fairport, NY 14450 ☐ Authorized ☐ Authorized Person Person ☐ Other Other___ □ Other_ □ Otiser ☐ Manager Name: ☐ Manager Name: ____ ☐ Member Address: ☐ Member Address: ☐ Authorized ☐ Authorized Person Person □Other □ Other____ Other □Other □Manager Name: _ □ Manager Name: ☐ Member Address: □ Mcmber Address: ☐ Authorized ☐ Authorized Person Person Other_ Other____ Other □ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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 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 Scott Seppen

Typed or primed name of signee