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COVER LETTER

TO:		on Section of Corporations		
SUBJE	·c···	Rocinante Services LLC		
.7(71)		Name of Limited Liability Company		
			Company for Authorization to Transact Business in Florida," Certificate or referenced foreign limited liability company to transact business in Florida	
Please	return all cor	rrespondence concerning this matter to	o the following:	
	_		Timothy Rowe	
		Name of Person		
	Rocinante Services LLC		nante Services LLC	
	-	Firm/Company		
	10020 Monroe Rd Ste 170-222		onroe Rd Ste 170-222	
	Address		Address	
	Matthews, NC 28105			
	City/State and Zip Code			
		Rocinantese	ervices@gmail.com used for future annual report notification)	
		E-mail address: (to be	used for future annual report notification)	
For furt	ther informat	tion concerning this matter, please cal	1:	
		Timothy Rowe	at (980) 422-1376	
		Name of Contact Person	Area Code Daytime Telephone Number	
	Mailing A	ddress:	Street Address:	
	Registrat	ion Section	Registration Section	
	Division	of Corporations	Division of Corporations	
	P.O. Box	: 6327	The Centre of Tallahassee	
	Tallahass	see, FL 32314	2415 N. Monroe Street, Suite 810	
			Tallahassee, FL 32303	
		s a check for the following amount: te check payable to: FLORIDA DEP. Filing Fee	& 🗆 \$155.00 Filing Fee & 🗔 \$160.00 Filing Fee, Certificate	

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

IN COMPLIANCE WITH SECTION (05,0002, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Rocinante Services 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," "LLCL or "LLC") North Carolina 3. 20-4776397 (Jurisdiction under the law of which foreign limited liability company is organized) (11;1 number, if applicable) (Date first transacted business in Florida, it prior to registration) (See sections 605 0804 & 605 0805, U.S. to determine penalty hability) 502 Oakdale St. 10020 Monroe Rd (Street Address of Principal Office) Gastonia, NC 28054 Ste 170-222 Matthews, NC 28105 7. Name and street address of Florida registered agent: (P.O. Box. NOT acceptable) Rocket Lawyer Corporate Services LLC Name: 155 Office Plaza Drive 1st Floor Office Address: 32301 Tallahasee

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.

_ Florida _

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: Jeffrey Weary Name. Timothy Rowe Manager □Manager Address: 502 Oakdale St Member Address: 502 Oakdale St Member . Gastonia, NC 28054 Gastonia, NC 28054 □ Authorized □ Authorized Person Person □Other____ □Other_____ □Other_____ Name: ______ Name: _____ □Manager □Manager □Member Address: □Member Address: □ Authorized □ Authorized Person Person □Other_____ □Other__ □Other_____ □Other____ Name: _____ Name. _____ □Manager □ Manager Address: _____ Address: _____ □Member □Member □ 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 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 \$.817.155, F.S.

Timothy Rowe

Exped or printed name of signee



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

ROCINANTE SERVICES, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 17th day of August, 2020

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.





Scan to verify online.

of Raleigh, this 16th day of March, 2022.

Claime J. Marshall

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City

Secretary of State

Certification# 112573039-1 Reference# 18315512- Page: 1 of 1 Verify this certificate online at https://www.sosne.gov/verification