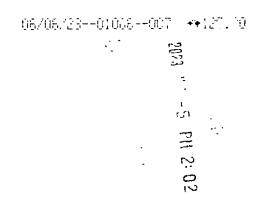
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(Requestor's Name)
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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	Rockstar Capital Group LLC	
		Name of Limited Liability Company
The end Existen	closed "Application by Foreign Limited Liab ice, and check are submitted to register the ab	ility Company for Authorization to Transact Business in Florida," Certificate of bove referenced foreign limited liability company to transact business in Florida
Please	return all correspondence concerning this ma	atter to the following:
	Paula Barnett	
		Name of Person
	Pino Law Group PLLC	
	<u></u>	Firm/Company
	99 S. New York Ave.	
		Address
	Winter Park, FL 32789	
		City/State and Zip Code
	paula@pinolawgroup.com	
	E-mail address: ((to be used for future annual report notification)
For fur	ther information concerning this matter, pleas	se call:
	Paula Barnett	407 425-7831 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address: Registration Section		Street Address:
		Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amout Please make check payable to: FLORIDA ■ \$125.00 Filing Fee □ \$130.00 Filing Certific	DEPARTMENT OF STATE

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

I. Rockstar Capital Group	ELLC Limited Liability Company, must include "Limite	 	1. A	
(Name of Poreign	Elimited Liability Company, must include "Limite	за главниў	nty Company, LLC, or LLC)	
If name unavailable, enter alternate r	name adopted for the purpose of transacting business in E	londa The	he alternate name must include "Lamited Liability Company," "L.L.C."	or "L.I.C
Arkansas		3	88-4161726 3.	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	21.	3(FEI number, if applicable)	
No business has been t	ransacted in Florida at the time of this f	īling.		
	(Date flist transacted business in Florida, if prior to (See sections 605-6904 & 605-6905, F.S. to determ	registration one penalty	non) ity liabilny)	
99 S. New York Ave.			10333 Windy Trail	
Street Address of Principal Office)		0.	(Mailing Address)	
Winter Park, FL 32789	9		Bentonville, AR 72712	
. Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> a	<u>l'</u> acceptable)	
Name:	Laurence J. Pino, Esq.	<u> </u>		
Office Address:	99 S. New York Ave.		ू अर	
	Winter Park		32789 O	
	(City)		(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. 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]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: **Brandon Rooks** Name: Manager Name: □Manager 10333 Windy Trail □Member □Member Address: _____ Bentonville, AR 72712 **Authorized** □ Authorized Person Person ☐Other_____ Other_ Other__ □Other_____ Name: _____ Name: ______ □ Manager □ Manager Address: _____ □Member Address: □Member □ Authorized □ Authorized Person Person □Other____ □Other _____ Other □Other □Manager Name: _____ □Manager Name: _____ □Member Address: □Member 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 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. Brandon Rooks Signature of an authorized person **Brandon Rooks**

Typed or printed name of signee



Arkansas Secretary of State John Thurston

State Capitol Building * Little Rock, Arkansas 72201-1094 * 501-682-3409

Certificate of Good Standing

I, John Thurston, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

ROCKSTAR CAPITAL GROUP LLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office October 5, 2022.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 26th day of May 2023.

John Thurston.
Online Certificate Authorization Code: e5faf5fa3d8a28e
Secretary of State
To verify the Authorization Code, visit sos.arkansas.gov

In Thurston