

P22000088413

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: forsini@turnberry.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Rock RE Management Inc.

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

2022-11-30 PM 12:15

2022-11-30 PM 2:25

JS

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COVER LETTER

Department of State
 New Filing Section
 Division of Corporations
 P. O. Box 6327
 Tallahassee, FL 32314

SUBJECT: Rock RE Management Inc.
 (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
 Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
 Filing Fee Filing Fee,
 & Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Rock Soffer
 Name (Printed or typed)

c/o Turnberry Associates, 19501 Biscayne Boulevard, Suite 400
 Address

Aventura, FL 33180
 City, State & Zip

305.915.7943
 Daytime Telephone number

rsoffer@turnberry.com
 E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: Rock RE Management Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

19501 Biscayne BoulevardSuite 400Aventura, FL 33180**ARTICLE III PURPOSE**

The object and purpose of, and the nature of the business to be conducted and promoted by, the corporation is engaging in any lawful act or activity for which corporations may be formed under the Florida Business Corporation Act, as amended, and engaging in any and all lawful activities necessary or incidental to the foregoing.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Rock Soffer, President and Director

Name and Title: _____

Address c/o 19501 Biscayne Boulevard

Address: _____

Suite 400Aventura, FL 33180

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

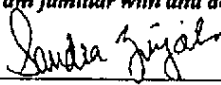
Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

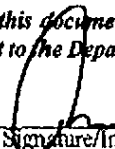
_____**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: CT Corporation SystemAddress: 1200 South Pine Island RoadPlantation, Florida 33324**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Rock SofferAddress: c/o 19501 Biscayne Boulevard, Suite 400Aventura, FL 33180**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity* CT Corporation System
Sandra Zwijsack, Manager
Required Signature/Registered Agent11/29/2022

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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. Rock Soffer
Required Signature/Incorporator11/29/2022

Date