

M230000001502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

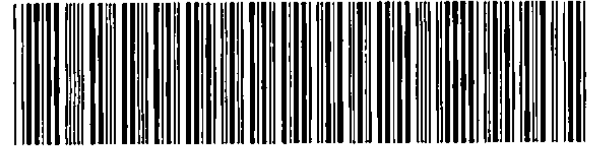
(Business Entity Name)

(Document Number)

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ALLIANCE

S. ROBERTS

FEB - 6 2023

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 02/03/2023

Acc#I20160000072

W: C

Name:	Rockitdata, LLC
Document #:	
Order #:	14757545

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Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
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Email Address for Annual Report Notif

desire.castillo@pillsburylaw.com

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Amount: \$ 155.00

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: rockITdata, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Desi Castillo

Name of Person

Pillsbury Winthrop Shaw Pittman LLP

Firm/Company

1200 17th St NW

Address

Washington, DC 20036

City/State and Zip Code

desire.castillo@pillsburylaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Desi Castillo

703

770-7964

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. rockITdata, 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," "L.L.C.," or "LLC")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FBI number, if applicable)

4. January 1, 2023
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1 South Broad St
(Street Address of Principal Office)

6. 1 South Broad St
(Mailing Address)

Suite 2270

Suite 2270

Philadelphia, PA 19107

Philadelphia, PA 19107

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

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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.

By: C T Corporation System
Kathryn A. Widdoes
(Registered agent's signature) Kathryn A. Widdoes
Assistant Secretary

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:

☒ Manager Name: Marlene Andersch

☒ Member Address: 1 South Broad St. Ste 2270

☐ Authorized Philadelphia, PA 19107

Person _____

☒ Other CEO ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: Chris Missett

☒ Member Address: 1 South Broad St. Ste 2270

☐ Authorized Philadelphia, PA 19107

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Lou Polisano

☒ Member Address: 1 South Broad St. Ste 2270

☐ Authorized Philadelphia, PA 19107

Person _____

☒ Other President ☐ Other _____

☐ Manager Name: Ernie DiSandro

☒ Member Address: 1 South Broad St. Ste 2270

☐ Authorized Philadelphia, PA 19107

Person _____

☒ Other COO ☐ Other _____

☐ Manager Name: Robert Uzzo

☒ Member Address: 1 South Broad St. Ste 2270

☐ Authorized Philadelphia, PA 19107

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Steven Schliesman

☒ Member Address: 1 South Broad St. Ste 2270

☐ Authorized Philadelphia, PA 19107

Person _____

☒ Other CWO ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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 or 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.

DocuSigned by
Marlene Andersch
41201-3F0B3840H
Signature of an authorized person

Marlene Andersch

Typed or printed name of signee

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ROCKITDATA, 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 SECOND DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



6937140 8300

SR# 20230358083

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202634514

Date: 02-02-23