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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only

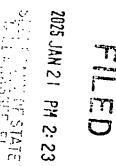


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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: Rocarned, Inc.		
	N	ame of corporation	- must include suffix
Dear S	ir or Madam:		
"Certif		icate of Good Stan	Authorization to Transact Business in Florida," ding" and check are submitted to register the ss in Florida.
Please	return all correspondence con	cerning this matter	to the following:
Taimui	Rabbani		
		Name of	Person
Forwar	d Legal		
		Firm/Con	рапу
5503 A	tlee Pl		
	······································	Addr	ess
Spring	field, VA 22151		
	7.5	City/State a	nd Zip code
trabbar	ni@forward.legal		
	E-mail ad	dress: (to be used	or future annual report notification)
For fu	rther information concerning t	his matter, please o	all:
Taimus	r Rabbani	202	410.8680
	Name of Person	at (²⁰² Area Cod	Daytime Telephone Number
	STREET/COURIER ADD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suit Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Please	_	DA DEPARTMENT	OF STATE 3 \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Rocamed, Inc.			
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavails	able in Florida, enter alternate corporate name ac	dopted for the purpose of transacting business in Florida)	
Virginia 42-		2-1772980	
(State or countr 10/17/2024	y under the law of which it is incorporated) 5.	(FEI number, if applicable)	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
10963 Florida Cre	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 own Drive, Suite 200, Orlando FL 32824	2, F.S., to determine penalty liability)	
	(Principal office	c street address)	
Name and stree	et address of Florida registered agent: (P.O. Sebastien Cadet	Box NOT acceptable)	
ffice Address:	10963 Fiorida Crown Drive, Ste 200		
	Orlando	, Florida = 32824 (Zip code)	
	(City)	(Zip code)	
aving been name signated in this	application, I hereby accept the appointme	e of process for the above stated corporation at the plant as registered agent and agree to act in this capacitative to the proper and complete performance of my iting as registered agent	

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS			
■ Chairman	Name:	□Chairman	Sebastien Cadet Name:
□Vice Chairman	c/o Rocamed, SAM	□Vice Chairman	10963 Florida Crown Dr.
Director	9 Av. Albert II	Director	Suite 200
■ President	MC 98000, Monaco	□ President	Orlando, FL 32824
☐ Vice President		□Vice President	
Secretary	□Treasurer	Secretary	☐Treasurer
□Other	□Other	■Other	
□Chairman	Nicelas Bordes	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director	9 Av. Albert II	Director	
□President	MC 98000, Monaco	President	
□Vice President		□Vice President	
☐ Secretary	Treasurer	□Secretary	□Treasurer
□Other	Other	Other	□Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□ Director		□Director	
□President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	□Secretary	□Treasurer
Other	Other	□Other	□ Other
individuals may be	Use an attachment to report more than six (6). The added to the index when filing your Florida Dep	artment of State Annual Re	
she is aware that fas.817.155, F.S.	ctor signing this document (and who is listed in place information submitted in a document to the classical states of the clas	7 umber 11 above) affirms th	at the facts stated herein are true and that he or tes a third degree felony as provided for in

(Typed or printed name and capacity of person signing application)

Commonbrealth of Hirginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That Rocamed Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on October 17, 2024;

That the corporation's period of duration is perpetual: and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

January 7, 2025

Bernard J. Logan, Clerk of the Commission

CERTIFICATE NUMBER: 2025010721239299





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the forms and instructions to register a foreign profit corporation to transact business in Florida. The requirements are as follows:

- Pursuant to section 607.1503(1), Florida Statutes, the attached application must be completed in its entirety.
- The corporation must submit an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of corporate records in the state or country under the law of which it is incorporated. A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.
- There is a \$70.00 registration fee and a letter of acknowledgment will be issued free of charge upon registration.
- Certification fees are optional. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy of the application is \$8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50). Please check the appropriate box on the COVER letter and send one check for the total amount made payable to the Florida Department of State.
- The COVER letter included in this packet should be completed and submitted along with the certificate, application and check. Both the mailing address and courier address are noted in the COVER letter.
- Important Information About the Requirement to File an Annual Report
 All Profit Corporations must file an Annual Report yearly to maintain "active"
 status. The first report is due in the year following formation. The report must be filed
 electronically online between January 1st and May 1st. The fee for the annual report is
 \$150. After May 1st a \$400 late fee is added to the annual report filing fee. "Annual
 Report Reminder Notices" are sent to the e-mail address you provide us when you submit
 this document for filing. To file any time after January 1st, go to our website at
 www.sunbiz.org. There is no provision to waive the late fee. Be sure to file before May 1st.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051 or writing the Registration Section, Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314.

CR2E007 (1/19)