## M18000009510

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195	
REFERENCE : 453.6731 7391412	
AUTHORIZATION Syrelle Reas	
COST LIMIT : \$ 125.00	
ORDER DATE: October 22, 2018	_
ORDER TIME : 2:57 PM	
ORDER NO. : 453673-005	2 M7
CUSTOMER NO: 7391412	-1
	! [T
FOREIGN FILINGS	1
NAME: SM LAMBO LLC	
XXXX QUALIFICATION (TYPE: LL)	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Emily Croft EXT# 62925  EXAMINER:	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L SM LAMBO LLC					
(Name of Foreign	Limited Liability Company, must include "Lim	iited Liability Company," "L.L.C.," or "LI,C.")			
ilf name unavailable, enter alternate n	ame adopted for the purpose of transacting business in	Florida. The alternate name must include "Limited Lia	hility Commany ""L.L.C " or "L.L.C ")		
7 Delaware			, , , , , , , , , , , , , , , , , , , ,		
	nch foreign limited hability company is organized)	3. (FEI man)	er, if applicable)		
1					
+	(Date first transacted business in Florida, if prior (See sections 605.0204 & 605.0205, F.S., to dete	To registration )			
- c/o SM Group Holding	·	6. e/o SM Group Holdings Co	omoration		
5 c/o SM Group Holdings Corporation (Street Address of Principal Office)		(Mailing Add	6. (Mailing Address)		
41 Madison Avenue, 31st Floor		41 Madison Avenue, 31st			
New York, New York 10010		New York, New York 100	New York, New York 10010		
<ol> <li>Name and <u>street addres</u></li> <li>Name:</li> </ol>	s of Florida registered agent: (P.O. Bo Corporation Service Company	ox <u>NOT</u> acceptable)			
Office Address:	1201 Hays Street				
	Tallahassee	en 32301			
	(City)	, Florida 32301 (Zipcod	<del>c</del> )		
to comply with the provisi	tion, I hereby accept the appointment ions of all statutes relative to the prop is of my position as registered agent. Corporation Service Company By:  (Repstered agent	Smile Colt			
	` .		Asst Vie Deali		
8. The name, title or capa <u>Title or Capacity:</u>	neity and address of the person(s) who Name and Address:	has/have authority to manage is/are: <u>Title or Capacity:</u>	Name and Address:		
Managing Director	Simran Malhotra				
	41 Madison Avenue, 31st F New York, New York 1001				
			ü		
		<u> </u>	<u> </u>		
		<del></del>			
(Use attachments if neces	sary)				
	of existence, no more than 90 days old of which it is organized. (If the certific abmitted)				
	uted in accordance with section 605.03 of the Department of State constitutes a				
	David Freylikhman				
		d or printed name of signee			

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SM LAMBO 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 TWENTY-SECOND DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SM LAMBO LLC"

WAS FORMED ON THE NINETEENTH DAY OF OCTOBER, A.D. 2018.

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

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Authentication: 203651651

Date: 10-22-18

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