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RETURN TO: SUNSHINE CORPORATE FILING

Date: JULY 19, 2016

Entity Name: SFEIR HOLDINGS LLC

Please File the Attached and Return

X Plain Copy Certified Copy Certificate of Status

Total Due:

Check Number: <u>2695</u>

Please return completed documents to the

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For questions on this filing: call Tina Goff -1-850-508-1891

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ARTICLE I NAME

The name of the Limited Liability Company is: SFEIR HOLDINGS LLC

ARTICLE II ADDRESS

The principal address of the Limited Liability Company is: 5939 FOREST HILL BOULEVARD WEST PALM BEACH, FLORIDA 33415

The mailing address of the Limited Liability Company is: 284 RUE FORESTWOOD ROSEMERE, QC J7A 2C7 CANADA

<u>ARTICLE III REGISTERED AGENT</u>

The name and the Florida street address of the registered agent are: SUPERBIZ REGISTERED AGENT, INC.

2761 VISTA PARKWAY, STE E4

WEST PALM BEACH, FLORIDA 33411

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

SUPERBIZ REGISTERED AGENT, INC. / Registered Agent's signature

PAGE 2 SFEIR HOLDINGS LLC

ARTICLE IV AUTHORIZED PERSON(S)

The name and address of each person authorized to manage and control the Limited Liability Company:

AUTHORIZED MEMBER
KHALED SFEIR
284 RUE FORESTWOOD
ROSEMERE, QC J7A 2C7 CANADA

KHALED SFEIR / Authorized Representative's signature

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)