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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : I20080000045 : (302)645-7400 Phone Fax Number : (302)645-1280

\*\*Enter the email address for this business entity to be used for future anumal report mailings. Enter only one email address please.\*\*

Email Address:

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#### Foreign Limited Liability Company Shimshi LLC

Certificate of Status	1
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J. BRYAN

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Corporate Filing Menu

DETE 120 2010

EXAMINER

(((H10000269025 3)))

	COVER LETTER
	istration Section sion of Corporations
SUBJECT:	Shimshi LLC
50202011	Name of Limited Liability Company
The enclosed Existence, an	"Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of dicheck 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:
	Paul Sponaugle
	Name of Person
·	Harvard Business Services, Inc.
	Firm/Company Fu 5
	16192 Coastal Hwy
	Address
	Lewes, DE 19958 City/State and Zip Code
	City/State and Zip Code
	roni@leroyalusa.com
	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
	000 044 6060
	Paul Sponaugle         at ( 302 )         644-6263           Name of Person         Area Code & Daytime Telephone Number
Div Reg P.O	ILING ADDRESS: Sion of Corporations Division of Corporations Stration Section Box 6327 Clifton Building Cahassee, FL 32314 Clifton Building Cl
Enclosed i	s a check for the following amount:
	125.00 Filing Fee \$\sum \$\sum \text{\$\sum \text{\$\sin \text{\$\sum \text{\$\sin \text{\$\sum \text{\$\sin \sin \text{\$\sin \text{\$\sin \text{\$\sin \text{\$\sin \text{\$\sin \sin \text{\$\sin \text{\$\

## (((H10000269025 3))) APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	IKAIDACI DUBITEM II TEORIDA
	IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
	LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA
	1. Shimshi LLC
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
	770
	(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
	2 Delaware 3
•	(Jurisdiction under the law of which foreign limited liability (FBI number, if applicable)
	company is organized)
	4. December 14, 2010 perpetual
	(Date of Organization) (Duration: Year limited liability company will cease to
	exist or "perpetual")
	6. No business transacted in Florida prior to registration
	(Date first transacted business in Plorida, if prior to registration.)
	7. 658 W. New England Avenue, Suite 240
	77, 336 W. New England Avende, Suite 240
	Winter Park, FL 32789
•	(Street Address of Principal Office)
	8. If limited liability company is a manager-managed company, check here
	9. The name and usual business addresses of the managing members or managers are as follows:
	ikram Adeeb, Manager, 558 W. New England Avenue, Suite 240, Winter Park FL 32789
	Nobile Adreb Manager 559 M/ New England Avenue Cuite 240 Millian Ded. 51 99700
	Nabila Adeeb, Manager, 558 W. New England Avenue, Suite 240, Winter Park FL 32789
eria de la companya d	and the second of the first of the first of the first of the second of the second of the first of the second of New 1997
	and the contract of the contra
	10. Attached is an original 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. (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.)
	11. Nature of business or purposes to be conducted or promoted in Florida:
	are transfer was the problem of the transfer of the transfer term to the term of the confidence of the problem
	Real Estate Investment
	Signature of a member or an authorized representative of a member.
	(In accordance with section 608.408(3), F.S., the execution of this document constitutes
	an affirmation under the penalties of perjury that the facts stated herein ere true.)
	Ikram Adeeb, Manager
	Typed or printed name of signce.
	(((H10000269025 3)))
: , -,	

## (((H10000269025 3))) CERTIFICATE OF DESIGNATION OF CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF

• •			
	Shi	imshi LLC	
If unavailable, the alter	nate to be used in the	state of Florida is:	
		• • •	
2. The name and the F	lorida street address o	f the registered agent and office	are: 50 5
			F. 9
	R	obert B White	子前の
		(Name)	5.55 in 1
		The second of the second of	
	558 W. New	England Ave. Suite 240	
	Florida Street Addr	OSB (P.O. BOX NOT ACCEPTABLE)	EFOF STA
	Winter	Perk, FL 32789	三元 ・
		City/State/Zip	
		City/State/Zip	
liability company at the agent and agree to act relating to the proper o	registered agent and to place designated in th in this capacity. I furth ind complete performan		e appointment as registered visions of all statutes ar with and accept the
liability company at the agent and agree to act relating to the proper o	registered agent and to place designated in th in this capacity. I furth ind complete performan	City/State/Zip  o accept service of process for the  is certificate, I hereby accept the  ner agree to comply with the pro-  nce of my duties, and I am famili	e appointment as registered visions of all statutes ar with and accept the
liability company at the agent and agree to act relating to the proper of obligations of my positi	registered agent and to place designated in th in this capacity. I furth ind complete performan	City/State/Zip  o accept service of process for the  is certificate, I hereby accept the  ner agree to comply with the pro-  nce of my duties, and I am famili	e appointment as registered visions of all statutes ar with and accept the

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PAGE 1

# Delaware

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SHIMSHI 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 FIFTEENTH DAY OF DECEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE:

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID SERIES LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHIMSHI LLC" WAS FORMED ON THE FOURTEENTH DAY OF DECEMBER, A.D. 2010.

4912670 8300 101189752



AUTHENTICATION: 8428799

DATE: 12-15-10

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