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Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations Fax Number : (850)617-6383

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Account Name : VCORP SERVICES, LLC Account Number : I20080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

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(FAX)845 818 3588

P.003

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

IN COMPLIANCE WITH SECTION 603.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SBSFLD, 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 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 (Jurisdiction under the law of which foreign fimited liability company is organized) 4. 11/15/2012 5. perpetual

(Date of Organization)

5. perpetual (Duration: Year limited liability company will ccase to exist or "perpetual")

6.

(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 1East Broward Blvd., Suite 610, Fort Lauderdale, FL 33301

(Street Address of Principal Office)	80.			
8. If limited liability company is a manager-managed company, check here $[Z]$	W ANN	12		
9. The name and usual business addresses of the managing members or managers are as follows:				
HGOP LLC, 4512 Farragut Road, Brooklyn, NY 11203	ASS	DEC 19		
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10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having distody 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 onth of the translation must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Health Care

Services Pool	
	Smi 2
	Signature of a member or an authorized representative of a member.
ponaliio	dance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the s of perjury that the facts stated herein are true. I am aware that any false information submitted in a ant to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Simon Ganz, Authorized Person

Typed or printed name of signee

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P.004

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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

I. The name of the Limited Liability Company is:

SBSFLD, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Vcorp Services, LI	_C	1 00			
	(Name)		A:r	12	
5011 South Stat	e Road 7, Suite 106			DEC	1
	reet Address (P.O. Box NOT ACCEPTABLE)		NSSEE.	61	F
Davie	FL 33314		·**3	AMI	
	City/State/Zip		LOA	=	
		Ĩ		02	

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 608, Florida Statutes.

(Signature)

- \$ 100.00 Filing Fee for Application
- S 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (optional)
- \$ 5.00 Certificate of Status (optional)

Delaware

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P.002

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SBSFLD, 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 NINETEENTH DAY OF DECEMBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SBSFLD, LLC" WAS FORMED ON THE FIFTEENTH DAY OF NOVEMBER, A.D. 2012.

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





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121365308 You may verify this certificate cnline at corp. deleware, gov/authyer. shtml DATE: 12-19-12