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#### COVER LETTER

TO:

Registration Section Division of Corporations

Sunset Place Luxury Holdings, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business inFlorida..

Please return all correspondence concerning this matter to the following:

Masoud Shojaee				
Name of Person				
Sunset Place Luxury Holdings, LLC				
Firm/Company				
3470 NW 82nd Avenue, Suite 988				
Address				
Doral, Florida 33122				
City/State and Zip Code				
fsilva@shomagroup.com				
E-mail address: (to be used for future annual report notification)				
mation concerning this matter, please call:				

For further information concerning this matter, please

Frank Silva, Esq.

Name of Person

Area Code & Daytime Telephone Number

### **MAILING ADDRESS:**

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

#### STREET ADDRESS:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee

□ \$130.00 Filing Fee & ■ \$155.00 Filing Fee & Certificate of Status Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSIN	ESS IN THE	STATE OF FLORIDA:	
<sub>I.</sub> Sunset Place Luxury Holdings, L <mark>l</mark>			
(Name of Foreign Limited Liability Company	; must include	e "Limited Liability Company," "L.L.C	.," or "LLC.")
If name unavailable, enter alternate name adopted for consent of the managers or managing members adopted Company," "L.L.C," "LLC.")	r the purpose ing the altern	of transacting business in Florida and a ate name. The alternate name must incl	ttach a copy of the written ude "Limited Liability
Delaware	3	46-4101106	
(Jurisdiction under the law of which foreign limited company is organized)	d liability	(FEI number, if applicab	le)
November 13, 2013	5.	Perpetual	
(Date of Organization)		(Duration: Year limited liability compexist or "perpetual")	oany will cease to
Ś			2018 TALL
(Date first transacted bus (See sections 608.501 & 6	iness in Flori 08.502 F.S. to	da, if prior to registration.) o determine penalty liability)	
3470 NW 82nd Avenue, Suite	988		1 20 ASSER
Doral, Florida 33122			
(Stre	et Address of	f Principal Office)	ORE :
3. If limited liability company is a manager-	managed co	ompany, check here	₽ <b>2</b>
9. The name and usual business addresses of	f the manac	ying members or managers are as	follows:
		_	
Masoud Shojaee 2008 Grantor Trust u/a/d the 6th	aay of Octor	per, 2008- 3470 NVV 82nd Ave., Suite 98	5, Doral, FL 33122
Masoud Shojaee and Maria Shojaee, as Tenar	nts by the En	tirery - 3470 NW 82nd Ave., Suite 988	, Doral, FL 33122
	om than 00 d	mus old duly authoraticated by the official	having autody of records in
he jurisdiction under the law of which it is organized.			
ranslation of the certificate under oath of the translator	7		
11. Nature of business or purposes to be cor	idu <b>ete</b> d or r	promoted in Florida: Any law	ful business
allowable under applicable la	ν[/ ·		
			<del></del> ·
Signature of a mamb	or on outh	porizod representative of a membe	<del></del>
•		norized representative of a member ion of this document constitutes an affirmati	
penalties of perjury that the facts stated	herein are true.	I am aware that any false information sa third degree felony as provided for in	ubmitted in a
	Masoud :		
Typed	or printed r	name of signee	

## 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.

	the Limited Liability Company is:   ace Luxury Holdings, LLC	
If unavailable, th	e alternate to be used in the state of Florida is:	
2. The name and	I the Florida street address of the registered agent and office are:	
	Frank Silva, Esq.	<u> </u>
	3470 NW 82nd Ave., Suite 988  Florida Street Address (P.O. Box NOT ACCEPTABLE)	IN NOV 20
	Doral FL 33122  City/State/Zip	PN 1: 04

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

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

## Delaware

PAGE 1

## The First State

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

DELAWARE, DO HEREBY CERTIFY "SUNSET PLACE LUXURY HOLDINGS 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 THIRTEENTH DAY OF NOVEMBER, A.D.

2013.

5431490 8300

131303137

AUTHENT CATION: 0893740

DATE: 11-13-13

You may verify this certificate online at corp.delaware.gov/authver.shtml