Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000064274 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NATIONAL CORPORATE RESEARCH,

Account Number : 120000000088

Phone : (800)221-0102

Fax Number : (800)944-6607

**Enter the email address for this business entity to be used for my annual report mailings. Enter only one email address please **

Email Address:

Foreign Limited Liability Company JHPSB COLLINS VENTURES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

MAR 1 8 2016

A LLT

Electronic Filing Menu

Corporate Filing Menu

Help

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

THAT BOOK BOOK BOOK BOOK BOOK BOOK BOOK BOO
IN COMPLIANCE WITH SECTION 003,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. SHPSB Collins Ventures, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
<u></u>
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the twitten
consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.I.,C," "L.I.C.")
2. Dela Ware (Jurisdiction under the law of which foreign limited liability) (Figure 1 applicable) (Figure 2 applicable)
(Jurisdiction under the law of which foreign limited liability (FISI number, if applicable)
vontan) a viganiza)
4. 3-14-14
company is organized) 4. 3-14-14 (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)
s. C/o SMH Davelopment
· · · · · · · · · · · · · · · · · · ·
184 trant Avenue - C706 Brooklyn NY 11249 (Street Address of Principal Office)
Arman
6. SAME 45 above 22 10
(Mailing Address)
Contracting Service Properties
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Brigo Brown Authorized Person
184 KENT AVENUE-C706 BROOKLYN NY 11249
· · · · · · · · · · · · · · · · · · ·
8. Attached is an original certificate of existence, no more than 90 days old, duly nuthenticated 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 occilificate is in a foreign language, a
translation of the certificate under oath of the translator must be submitted.)
R. H. M.
Signature of an authorized person
Signature of an authorized person (In accordance with section 605,0203, Fis., the execution of this document constitutes un 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 dogree felony as provided for in s.817.155, F.S.)
Brien Brown
Typed or printed name of signee

(((H14000064274 3)))

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Lim	ited Liability Company	is:		
JHPSB COLLINS	VENTURES, LLC			······································
If unavailable, the altern	ate to be used in the sta	ate of Florida is:		
2. The name and the Fig.	orida street address of t	he registered ag	ent and office are:	2014 HAR
	National Corpo	rate Research, I	_td., inc.	
		(Name)		- SSE
155 Office Plaza Drive Florida Street Address (P.O. Box NOT ACCEPTABLE)			CCEPTABLE)	OF STATE
	Tallahassee	FL City/State/Zip	32301	— — — — — — — — — — — — — — — — — — —
Having been named as reliability company at the registered agent and agrestatutes relating to the paccept the obligations of Statutes.	place designated in this ee to act in this capacit oper and complete per	accept service of certificate, I her y. I further agre formance of my each agent as prov	reby accept the appoin se to comply with the p duties, and I am famil	ntment as provisions of all liar with and
,		Filing Fee for A Designation of I	pplication Registered Agent	

Certified Copy (optional)

Certificate of Status (optional)

\$ 30.00

5.00

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JHPSB COLLINS VENTURES, 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 FOURTEENTH DAY OF MARCH, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JHPSB COLLINS VENTURES, LLC" WAS FORMED ON THE FOURTEENTH DAY OF MARCH, A.D. 2014.

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

5498533 8300

140335385

You may verify this certificate online

Jolfrey W. Bullock, Socretary of State

adthentycation: 1209864

DATE: 03-14-14