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SECRETARY OF STATE

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COVER LETTER

TO:

Registration Section **Division of Corporations**

Shoma Flats at Park Square, 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 in Florida..

Please return all correspondence concerning this matter to the following:

Masoud Shojaee Shoma Flats at Park Square, LLC Firm/Company 3470 NW 82nd Avenue, Suite 988 Address Doral, FL 33122 City/State and Zip Code mshojaee@shomagroup.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frank Silva, Esq.

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 & Certificate of Status

■ \$155.00 Filing Fee & 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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

I. Shoma Flats at Park Square, LLC	
(Name of Foreign Limited Liability Company; must include "L	imited Liability Company," "L.L.C.," or "LLC.")
If name unavailable, enter alternate name adopted for the purpose of transact iability Company," "L.L.C," or "LLC.")	ing business in Florida. The alternate name must include "Limited
Delaware 3.	47-1982722
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
N/A	
(Date first transacted business in Florid (See sections 605.0904 & 605.0905, F.S. t	a, if prior to registration.) to determine penalty liability)
3470 NW 82nd Avenue, Suite 988	
Doral, FL 33122	
(Street Address of Pri	incipal Office)
3470 NW 82nd Avenue, Suite 988	
Doral, FL 33122	
(Mailing Add	iress)
7. The name, title or capacity and address of the person(s') who has/have authority to manage is/are:
Masoud Shojaee, Manager, 3470 NW	$\triangleright \omega$.
Doral, FL 33122.	TO TO
30.4., 12 30.122.	(N) 1 statem
	TO REM
Association and the Land Court of the Court	
Attached is an original certificate of existence, no prore aving custody of records in the jurisdiction under the law	
eceptable. If the certificate is in a foreign language a tran	
ust be submitted)	/
\mathcal{U}	
Signature of an aut	
accordance with section 605.0203, F.S., the execution of this document constitutes a ware that any false information submitted in a document to the Department of States.	an affirmation under the penalties of perjury that the facts stated herein are to e constitutes a third degree felony as provided for in \$ 817.155, F.S.)
Masoud Sh	ojaee
Typed or printed nam	ne of signee

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.

If unavailable the elternate to be used in the state of Florida is.		
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:		
Frank Silva, Esq.		
(Name)	-	
3470 NW 82nd Avenue, Suite 988		
Florida Street Address (P.O. Box NOT ACCEPTABLE)	걸음	4
Doral _{FL} 33122	CRICE WINES	0CT -
City/State/Zip	73.15S W. O	7 PH
Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the appoint registered agent and agree to act in this capacity. I further agree to comply with the postatutes relating to the proper and complete performance of my duties, and I am family accept the obligations of my position as registered agent as provided for in Chapter 6 Statutes.	ntm e nt as provision iar with a	s of all and
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)		

Certificate of Status (optional)

\$ 30.00 \$ 5.00





HOORPORATING SECTION P.O. BOX 898 FRANCHISE TAX SECTION

P.O. Box 7040 UNIFORM COMMERCIAL CODE P.O. Box 793 DOVER, DELAWARE 19903

STATE OF DELAWARE

DEPARTMENT OF STATE Jeffrey W. Bullock, Secretary DIVISION OF CORPORATIONS JOHN G. TOWNSEND BUILDING DUKE OF YORK STREET DOVER, DELAWARE 19901

INCORPORATING SECTION GENERAL INFORMATION 302/739 - 3073 NAME RESERVATION 302/739 - 6900 900/420 - 8042 FRANCHISE TAX SECTION 302/739 - 4225 UNIFORM COMMERCIAL CODE 302/739 - 4279

************* SRV#: 141245145

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Date:

10/02/14

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Comments:

Attn:

Agent: AGENTS AND CORPORATIONS, INC.

1201 ORANGE ST STE 600

ONE COMMERCE CENTER

WILMINGTON

DE

19801

Items Included:

Item Type Copies Invoice 001 Certificate 001 Certificate 001 001 Image

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SHOMA FLATS AT PARK SQUARE 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 SECOND DAY OF OCTOBER, A.D. 2014.

Jeffrey W. Bullock, Secretary of State ATION: 1747985

5613691 8300

141245145

DATE: 10-02-14