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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

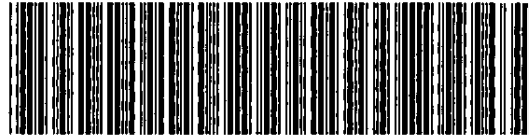
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 OCT 28 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J Shivers OCT 29 2014

# COVER



# SHEET



\* 8 1 6 8 2 3 \*

INCORPORATING SECTION  
P.O. BOX 899  
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 - 6800  
900/420 - 8042  
FRANCHISE TAX SECTION  
302/739 - 4225  
UNIFORM COMMERCIAL CODE  
302/739 - 4279

\*\*\*\*\*  
SRV#: 141321075      Agent: 9030670      File#: 5625702      Package#: 000816823  
Priority: 4      Mail Code E      Date: 10/22/14

User: SDOCSGA

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
Image	001

\*\*\*\*\*

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Shoma City, 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**

Name of Person

**Shoma City, 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.**

Name of Contact Person

**786**

Area Code

**437-8658**

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  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Shoma City, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-2111957

(FEI number, if applicable)

4. N/A

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3470 NW 82nd Avenue, Suite 988

Doral, FL 33122

(Street Address of Principal Office)

6. 3470 NW 82nd Avenue, Suite 988

Doral, FL 33122

(Mailing Address)

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 82nd Avenue, Suite 988, Doral, FL 33122

8. 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)

  
\_\_\_\_\_  
Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an 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 degree felony as provided for in s.817.155, F.S.)

Masoud Shojaee

\_\_\_\_\_  
Typed or printed name of signee

FILED  
OCT 28 AM 9 47  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

**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 Limited Liability Company is:

**Shoma City, LLC**

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

**N/A**

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)

**Doral FL 33122**

City/State/Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 OCT 28 AM 9:47

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*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 605, 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)

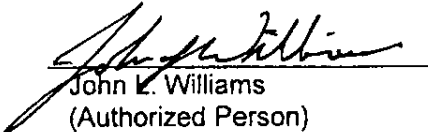
State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 12:59 PM 10/22/2014  
FILED 11:43 AM 10/22/2014  
SRV 141321075 - 5625702 FILE

CERTIFICATE OF FORMATION  
OF  
Shoma City LLC

The undersigned, being an authorized person for purposes of executing this Certificate of Formation on behalf of Shoma City LLC, a Delaware Limited Liability Company (the "L.L.C."), desiring to comply with the requirements of 6 Del.C. Section 18-201 and the other provisions of the Delaware Limited Liability Company Act, 6 Del.C. Section 18-101, et seq. (the "Act"), hereby certifies as follows:

1. Name of the L.L.C. - The name of the L.L.C. is: Shoma City LLC.
2. Registered Office and Registered Agent of the L.L.C. - The name of the registered agent for service of process on the L.L.C. in the State of Delaware is Agents and Corporations, Inc. The address of the registered agent of the L.L.C. and the address of the registered office of the L.L.C. in the State of Delaware is 1201 Orange Street, Suite 600, Wilmington, DE 19801.
3. Date of Formation and Effective Date - The date of formation and the effective date of the L.L.C. shall be the date of filing of this Certificate of Formation with the Secretary of State of the State of Delaware.

IN WITNESS WHEREOF, the undersigned hereby executes this Certificate of Formation in accordance with the provisions of 6 Del.C. Section 18-201 on October 22, 2014.

  
John L. Williams  
(Authorized Person)

# Delaware

PAGE 1

*The First State*

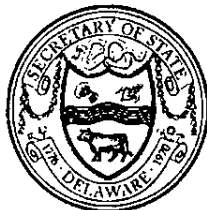
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SHOMA CITY LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF OCTOBER, A.D. 2014.


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14 OCT 28 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5625702 8300

141321075

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1802567

DATE: 10-22-14