3/20/2015

Division of Corporations

Florida Department of State Division of Corporations Hectoric Floring Cler Slee O

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.

(((H15000070912 3)))



H150000709123ABCZ

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

<u>∽</u> . To:	Division of Corporations	LEGR.	¥810
으 포츠	Fax Number : (850)617-6383	RETARY AHASSE	MAR
0 555	Lay Mannel. (030)011-0302	<i>></i>	\sim
		SS ₹	0
王 From:	A I N	LUIC)	סר
a (5°	Account Name : INCORPORATING SERVICES FL		⊐r.
>==	Account Number : I2005 00 00052	r - co	
三 58	Phone : (850)656-7956	ORIC	بب
	Fax Number : (850)656-7953	<u> </u>	Ç
		Ç.M.	ω

annual report mailings. Enter only one email address please.**

Email Address:____

Foreign Limited Liability Company Sombra Holdings LLC



Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

J. HARRIS

Electronic Filing Menu

Corporate Filing Menu

Help

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

	ECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER . LITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
Sombra Holdings	
(Name of Poreign	Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
bility Company," "L.L.C," or	note name adopted for the purpose of transacting husiness in Piorida. The alternate name must include "Limited "LLC.")
Delaware	which foreign limited liability 3. 47-228 4404 (FBI number, If applicable)
outpany is organized)	which foreign limited liability (FBI number, if applicable)
Marci	h 1,2015
	(Date first transacted business in Photolo, (Parior to registration.) (See sections 605,0904 & 605,0905, P.S. to determine personal liability)
IG RIV	(8cò sections (05,0904 & 605,0905, P.S. to deformition persolly liability)
	P
WESTP	(Street Address of Principal Office)
	3774 J
	TO CO
	(Mailing Address) 2021, U
The name, title or cap	eacity and address of the person(s) who has/have authority to manage is/are:
William !	sweeder, Managing Member
	Betts, number
KIRIGIE	
ttached is an original	certificate of existence, no more than 90 days old, duly authenticated by the official
ing custody of records	s in the jurisdiction under the law of which it is organized. (A photocopy is not ate is in a foreign language, a translation of the certificate under each of the translator
spinolo. If the celunical st be submitted)	to 15 III a lotoigh language, a dansadhol oir the continues and of the numbers
•	Welle Sall-
<u></u>	Signature of an authorized person
eordasce with soliton 605.0203. Tanbarroffin suist yes tals surr	, F.S., the execution of this document consilister an affirmation under the penalties of perjuty that the first stated herein are trumbmitted in a document in the Department of State consilistes a faired degree falony to provided for in a.817.159, F.S.)
•	
	William Sweedler Typed or printed name 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.

1. The name of the Limited Liability Company is:

Sombra Holdings LLC	
If unavailable, the alternate to be used in the state of Florida is:	2015 HAR SEUREI
2. The name and the Florida street address of the registered agent and office are:	₽ ₩ ₩
Incorporating Services, Ltd.	O PH
(Name)	4 3: 5 F STAI
1540 Glenway Drive	: 53
Florida Street Address (P.O. Box NOT ACCEPTABLE)	han.
Tallahassee FL 32301	
City/State/Zip	

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.

\$ 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 :

The First State

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

DELAWARE, DO HEREBY CERTIFY "SOMBRA 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 SIXTEENTH DAY OF MARCH, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOMBRA HOLDINGS LLC" WAS FORMED ON THE FIFTH DAY OF NOVEMBER, A.D. 2014.

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

5633190 8300

150358062

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

Jeffrey W. Bullock, Secretary of State

DATE: 03-16-15