# MISWUSUS

•		
(Re	questor's Name)	<u> </u>
7		
(Ad	dress)	
	dress)	
(Ad	aress)	
	•	
(Cit	y/State/Zip/Phone	e #)
•	,	,
PICK-UP	□ \A/AIT	MAIL
PICK-OP	☐ WAIT	LI WAIL
/D.	ainaga Entitu Nas	
(Bu	siness Entity Nar	nej
(Do	cument Number)	
	•	•
Certified Copies	_ Certificates	s of Status
		·
Special Instructions to	Filing Officer:	

Office Use Only



500275225935

07/22/15--01019--014 \*\*155.00

2015 JUL 22 P 3: 05
SECRETARY OF STATE
ASSEE, FLORIOA

J. BRUCE

TO: Registration Section Division of Corporati	lons			
			<b>%</b>	• • • • •
SUBJECT: SHA	NGRI LA LA	, LLC		
	Name of	Limited Liability Company		
The enclosed "Application by F Existence, and check are submi	oreign Limited Liability Comp tted to register the above refer	pany for Authorization to Treenced foreign limited liabilit	ansact Business in Florida, y company to transact busi	" Certificate of ness in Florida
Please return all correspondence	e concerning this matter to the	following:		
	Dennis Hul	sc, Esq.		•
	Shangri La	La, LL		
	· · · · · · · · · · · · · · · · · · ·	54 81		
	New York	Address  10065 tate and Zip Code	2015 JUL SECRETA	-arrent
	-	<del>.</del> .	JUL 22 RETARY AHASSE	
·	HITANA (7	Jamail Cor d for future annual report no	V Fried N	.M
For further information concern	ing this matter, please call:		3: 05 STATE LORIDA	ס
<u>Vennis</u>	, Hulse	at $(22)$ Area Code Day	37-1753	• .
MAILING ADDRES	S <u>i</u>	STREET	ADDRESS:	
Division of Corporation Registration Section P.O. Box 6327	ns ·		of Corporations ion Section milding	
Tallahassee, FL 32314	·	2661 Exe	ecutive Center Circle see, FL 32301	· ·.
Enclosed is a check for the follo \$125.00 Filing Fee	owing amount:  \$130.00 Filing Fee & Certificate of Status	図 \$155.00 Filing Fee & Certified Copy	☑ \$160.00 Filing Fee, C of Status & Certified Co	
			•	

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

N COMPLIANCE WITH SECT COMPANY TO TRANSACT BUS			LLOWING IS S	VBMITTED T	O REGISTER A FORI	EIGN LIMITED LIAI
	La La L	Company; must include	61 Lane at 1 Lat	We Osmon		7 16
(Nume of Pores	Ru rimier risolità (	company; must include	"Limited Liar	onty Compan	y," "L.L.C.," or "LLL	ى.") 
f name unavailable, enter alt	ernate name adopted f	or the purpose of transi	acting business	s in Florida. T	he alternate name mi	ıst include "Limited
iability Company," "L.L.C," Delaware		_	- 2.5			
(Jurisdiction under the law o	of which foreign limite	3		(FEI numbe	er, if applicable)	· · · · · · · · · · · · · · · · · · ·
company is organized)						
- <del> </del>	(Date first tran	sacted business in Flor 5.0904 & 605.0905, F.S	ida, if prior to	registration.)		
	/ /	1.0904 & 605.0905, F.S	s. to determine	penalty liabil	ity)	
	ane B. 1	DIEC				100
	47 Dunb		Palm	Beach	(FU 33	480
	Al D.	Address of Principal ( G たない とう・	omce)		·	
			<u> </u>			9a .
· · · · · · · · · · · · · · · · · · ·	New York	(Mailing Address)	065		<u> </u>	7 1
Name and Assessed Advisor	em 11 h				TAR ASS	-
Name and street address	of rionda registere	a agent: (P.O. Box	NOT accept	ible)	Y <sub>0</sub>	
Name:	_Jane	HO12<		-	ם ייים	Ö
Office Address:	H7 Du	nbar Rd.	······································	<del>-</del>		
	Palm B	each,		, Florida	33480°	•
egistered agent's accept		(City)			(Zip code)	
aving been named as reg	istered agent and to	accept service of pr	ocess for the	above state	d corporation at th	e place designate
is application, I hereby a th the provisions of all st	ccept the appointmentatures relative to the	ent as registered age e proper and comple	nt and agree	to act in thi	is capacity. I furth	er agree to compl
e obligations of my positi	ion as registered ag	ent.		ico oj mj u	ones, and I am jum	74171 11718 455
	places	Other				
		(Registered agen	i's signature)			
The name, title or capac	city and address of the	- : :	/have authori	ty to manage	is/are:	
Jane	Holzer,	Managing	Mem	ber :		
147	Dunbar Ro	].			•	
Palm	Beach, F	L 3348	<del>O</del>	,		
	,					
Attached is a certificate or risdiction under the law or	or existence, no more I which it is organiz	e than 90 days old, di ed. (If the certificate	uly authentic is in a forcio	ated by the o n language :	fficial having custon translation of the	dy of records in the certificate under o
the translator must be sub	omitted)	211	)			
	Hare	Malor	<u>/</u>		· .	
•	1/	Signature of an auth	orized person			
is document is executed i	in accordance with s	ection 605.0203 (1) (	(b), Florida S	tatutes. I am	aware that any fals	e information

Typed or printed name of signee

## Delaware

PAGE 1

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "SHANGRI LA LA, 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 FIFTEENTH DAY OF JULY, A.D. 2015.

5606581 8300

151052388

AUTHENTY CATION: 2560171

DATE: 07-15-15

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