8/28/2015

Division of Corporations

# Florida Department of State

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## Foreign Limited Liability Company No Shame, LLC

Certificate of Status	1
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Estimated Charge	\$130.00

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Corporate Filing Menu

Help

Klan Esteghamat

#### 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

(Name of Foreign Limited Liability Company; mu	st Include "Limited Liability Company." "LLC,"	or "LLC.")
(If name is unavailable, enter alternate name adopted f copy of the written consent of the managers or managi must include "Limited Liability Company," "LLC," or	ing member adopting the alternate name. The alternate name.	and attach a ernate name
Delaware_	3. 47-2238972	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI Number if applica	ible)
February 11, 2010	5. perpetual	
(Date of Organization)	(Duration: Year Limited Liabi will cease to exist or "perpetua	ility Company al")
upon filing of this application		
	pusiness in Florida, if prior to registration.)	SEC TALL
Sabadell Financial Center 1111 Brickell Ave. Su	iite 2170	<u>***</u>
Miami, FL 33131	<u>.</u>	<u> </u>
(Pri	incipal Office Address)	LUC:
Sabadell Financial Center 1111 Brickell Ave. Su	uite 2170	
Miami, FL 33131		言意
	(Mailing Address)	3>1 -
If limited liability company is manager-mana	aged company click here	
The name, title or capacity and address of the Kian Esteghamat, Manager Sabadeli Financial Cent Alejandro Sanchez, Manager Sabadeli Financial Center 11	e person(s) who has/have authority to ma er 1111 Brickell Ave. Suite 2170 Miami FL 33131 http://doi.org/10.1006/j.mier.1111 Brickell Ave. Suite 2170 Miami FL 33131	
•		
	e, no more than 90 days old, duly authen	iticated by the off photocopy is not nder oath of the

by Jessica Morales as attorney-in-fact

#### 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	f the Limited Liability Compa	ny is:	
No Shame, LLC			
If unavailable,	the alternate to be used in the	state of Florida is:	
2. The name a	nd the Florida street address o	f the registered agent and office	2018 TAL
	Corporate Creations Netwo	rk Inc.	AH.
		(Name)	HASSS
	11380 Prosperity Farms Ro	ad #221E	
	Florida Street Add	ress (P.O. Box NOT ACCEPTABLE)	FIGURE 21
	Palm Beach Gardens	FL 33410	
		City/State/Zip	
liability compar registered agen statutes relating	ny at the place designated in ti it and agree to act in this capa g to the proper and complete p gations of my position as regis		e appointment as with the provisions of all Im familiar with and
1		·	
	\$ 100.00	Filing Fee for Application	4
	\$ 25.00 \$ 30.00	Designation of Registered Ag Certified Copy (optional)	gent
	ייייטייט פי	ceremen cohy (ohmonar)	

# Delaware

PAGE :

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "NO SHAME, 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-EIGHTH DAY OF AUGUST, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NO SHAME, LLC" WAS FORMED ON THE ELEVENTH DAY OF PEBRUARY, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4787825 8300

151233176

You may verify this certificate online at corp. delevers, corp.authymr. shiml

Jeffrey W. Bullock, Socretary of State

DATE: 08-28-15