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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

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Account Number : FCA000000001
Phone : (305) 854-6000
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Foreign Limited Liability Company
LSH PLUS LLC**

Certificate of Status	0
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Page Count	02
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MAR 21 2016

S. TOLSON

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

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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:

1. LSH PLUS 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. CALIFORNIA 3. 27-2029866
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 1800 Sawgrass Mills Circle, Suite 2750
Sunrise, Florida 33323
(Street Address of Principal Office)

6. 1800 Sawgrass Mills Circle, Suite 2750
Sunrise, Florida 33323
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Rabee Ikkawi
Office Address: 1800 Sawgrass Mills Circle, Suite 2750
Sunrise, Florida 33323
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Rabee Ikkawi - Manager - 1800 Sawgrass Mills Circle, Suite 2750, Sunrise, Florida 33323

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

[Signature]
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1)(b), Florida Statutes. 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.

H16000069755 3 Rabee Ikkawi, Manager
Typed or printed name of signer

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TALLAHASSEE, FLORIDA
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State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: LSH PLUS LLC

FILE NUMBER: 201005410319
FORMATION DATE: 02/22/2010
TYPE: DOMESTIC LIMITED LIABILITY COMPANY
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 7, 2016.

ALEX PADILLA
Secretary of State

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