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(((H16000069755 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : SPIEGEL & UTRERA, P.A.

Account Number : FCA000000001

Phone : (305)854-6000 Fax Number : (305)860-2076

\*\*Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please.\*\*

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### Foreign Limited Liability Company LSH PLUS LLC

Certificate of Status	0
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MAR 21 2016

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# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS H16000069755 3

IN COMPLIANCE WITH SECTION 605 DXD, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

. LSH PLUS LLC (Name of Forei	gn Limited Liability Company; must include "	Limited Liability Company," "L.L.C.," or "LLC	2.12)
f name unavailable, enter alt lability Company." "L.L.C."		ting business in Florida. The alternate name mu	st include "Limited
CALIFORNIA	3.	27-2029866	
company is organized)	of which foreign limited liability	(FEI number, il applicable)	
UPON FILING	Chate their transported business in Viction	du if union to ecosteation )	
1800 Sawgrass Mills C	(Date first transacted business in Florid (See sections 605.0904 & 605.0905, F.S. ircle, Suite 2750	to determine penalty liability)	. <del>T</del> o
Sunrise, Florida 33323			16 HAR
1800 Sawgrass Mills Cl	(Street Address of Principal O role, Suite 2750	iffice)	R 18
Sunrise, Florida 33323			
	(Malling ∧ddress)		9
Name and street address	s of Florida registered agent: (P.O. Box ]	<u>NOT</u> acceptable)	9: 4:
Name:	Rabec Ikkawi		<b>o</b> o 5
Office Address:	1800 Sawgrass Mills Circle, Suite 2750		
	Sunrise	, Florida 33323	
legistered agent's accep	(City)	(Zip code)	
lesignated in this applicate o complywith the provision	tion, I hereby accept the appointment as a	ncess for the above stated limited liability registered agent and agree to act in this can decomplete performance of my duties, an	pacity. I further agri
	(Registered agent	Asignature)	
		,,	
	city and address of the person(s) who has		
(abee Ikkawi - Manager -	1800 Sawgrass Mills Circle, Suite 2750,	Sunrise, Florida 33323	<del></del>
· · · · · · · · · · · · · · · · · · ·			<del></del>
		aly authenticated by the official having cust is in a foreign language, a translation of the	
f the translator must be su		-Fort	***************************************
	Signature of an auth	opized person	
his document is executed to the state of the	in accordance with section 605.0203 (1)/( the Department of State constitutes a third	(b), Florida Statutes. I am aware that any fal d degree felony as provided for in s.817.155	se information i, F.S.
	Rabee Ikkawi, Manager	• • • • • • • • • • • • • • • • • • • •	
77300000000000000000000000000000000000	Typed or printed nag	ne of signer	

#### H16000069755 3

## 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

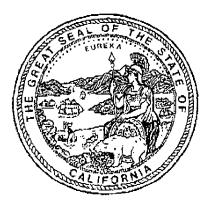
STATUS:

ACTIVE (GOOD STANDING)

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.



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NP-25 (REV 01/2015)

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

RML

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**YCK MOOD DESIGN** 

QP2:60 91 71 18M