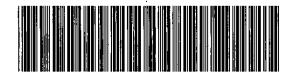
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(Re	questor's Name)					
(Ad	(Address)					
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(Cit	ry/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Do	cument Number)					
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						
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SECRETAGES STATE

COVER LETTER

	\ gistration Section vision of Corporation	as					
SUBJECT:	SHOMA HOSPITA	LITY, LLC					
		Name of L	imited Liability Compan	у			
The enclose Existence, a	d "Application by For nd check are submitted	eign Limited Liability Comp d to register the above refere	any for Authorization to need foreign limited liabi	Transact Business in Fl lity company to transac	lorida," C ct busines	ertific s in Fl	ate of lorida
Please return	n all correspondence c	oncerning this matter to the	following:				
		MAS	OUD SHOJAEE				
	Name of Person						
	SHOMA GROUP						
	Firm/Company						
	3470 NW 82nd AVENUE, SUITE 988				ZE SE	5	
	Address		压器	يے			
		DORAL, FLORIDA 33122		ESSE TEST	15		
	City/State and Zip Code		THE THE	2			
		•	SHOMAGROUP.COM			ډې	
		E-mail address: (to be used	for future annual report i	notification)	Fr		
For further i	nformation concerning	g this matter, please call:					
FR	ANK SILVA		_ at ()	8658			
	Name o	f Contact Person	Area Code D	aytime Telephone Nur	mber		
Div Re _i P.C	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 llahassee, FL 32314		Divisio Registr Cliftor 2661 E	ET ADDRESS: on of Corporations ration Section Building Executive Center Circle assee, FL 32301	÷		
	a check for the follow \$125.00 Filing Fee	ing amount: ■ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	□ \$160.00 Filing of Status & Certif			;

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 A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT RUSINESS. IN THE STATE OF FLORIDA:

SHOMA HOSPITALIT	TY LLC		
(Name of Fore	eign Limited Liability Company; must include "L	imited Liability Company," "L.L.C.," or "	LLC.")
name unavailable, enter al	ternate name adopted for the purpose of transacti " or "LLC.")		must include "Limited
DELAWARE	3	81-3125085 (FEI number, if applicable)	
company is organized)	of which foreign limited liability	(FEI number, if applicable)	
N/A	(Date first transacted business in Florida	if prior to registration.)	
	(See sections 605.0904 & 605.0905, F.S. to	o determine penalty liability)	75 6
3470 NW 82ND AVE	NUE, SUITE 988, DORAL, FLORIDA 331	<u> </u>	
- ·	(Street Address of Principal Off		5 5
1470 NW 82ND AVEN	NUE, SUITE 988, DORAL, FLORIDA 3312	2.	in briggs (1)
			r
	(Mailing Address)		Ψ -
Name and street addres	ss of Florida registered agent: (P.O. Box NO	OT acceptable)	
	FRANK SILVA, ESQ.		
Name:			
Office Address:	3470 NW 82ND AVENUE, SUITE 988		
	DORAL	, Florida 33122	
	(City)	(Zip code)	
complywith the provisi	tion, I hereby accept the appointment as re ons of all statutes relative to the proper and my position as registered agent.	idered agent and agree to act in this complete performance of my duties,	capacity. I further ag and I am familiar wit
	(Registered agent's	signature)	
The name, title or cana	acity and address of the person(s) who has/ha	ave authority to manage is/are:	
•	MANAGER - 3470 NW 82ND AVENUE, SU		•
	, , , , , , , , , , , , , , , , , , , ,		
			
-			
Attached is a certificate isdiction under the law the translator must be so	of existence, no more than 90 days old, du of which it is organized. (If the certificate i ubmitted)	authenticated by the official having c in a foreign language, a translation of	ustody of records in th the certificate under oa
	Signature of an author	ized person	
is document is executed omitted in a document to	in accordance with section 605.0203 (1) (b) the Department of State constitutes a third of	degree felony as provided for in s.817.	false information 155, F.S.
	MASOUD SHOJA	AEE	
	Typed or printed name	of signee	

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "SHOMA HOSPITALITY 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-THIRD DAY OF JUNE, A.D. 2016.

SECRETARY OF STATE TAIL ANASSEE, PLORIDY

Authentication: 202549406

Date: 06-23-16

6077474 8300 SR# 20164614138