1117000000593

| (Re | questor's Name) | · | | | | |
|---|--------------------|-----------|--|--|--|--|
| (Address) | | | | | | |
| (Ad | ldress) | | | | | |
| (Cit | ty/State/Zip/Phone | #) | | | | |
| _ | WAIT | MAIL | | | | |
| (Bu | ısiness Entity Nam | ne) | | | | |
| (Document Number) | | | | | | |
| Certified Copies | _ Certificates | of Status | | | | |
| Special Instructions to Filing Officer: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |





400293872514

01/20/17--01608--009 **130.00

SLUSE TARY OF STATE
TAIL AHASSEF, FLORIDA

K. SALY JAN 23 2017

COVER LETTER

| TO: | Registration Section, Division of Corporati | ions | | | | |
|--------------------------------|---|--|--|--|--|--|
| SUBJE | SHOMA SAN RI | EMO, LLC | | | | |
| 50101 | | Name of | Limited Liability Company | | | |
| The en Exister | closed "Application by Face, and check are submi | oreign Limited Liability Comp tted to register the above refere | oany for Authorization to Tra enced foreign limited liability | nsact Business in Florida," Certificate of company to transact business in Florida | | |
| Please | return all correspondenc | e concerning this matter to the | following: | | | |
| | | MAS | SOUD SHOJAEE | | | |
| | | N | ame of Person | | | |
| SHOMA SAN REMO, LLC | | | | | | |
| Firm/Company | | | | | | |
| 3470 NW 82ND AVENUE, SUITE 988 | | | | | | |
| Address | | | | | | |
| | DORAL, FL 33122 | | | | | |
| | | City/S | tate and Zip Code | | | |
| | | • | e@shomagroup.com | | | |
| | | E-mail address: (to be use | d for future annual report not | ification) | | |
| For fur | ther information concert | ing this matter, please call: | | | | |
| | FRANK SILVA, ESC |). | 786 437- | 8658 | | |
| | Nam | e of Contact Person | Area Code Day | time Telephone Number | | |
| | MAILING ADDRES Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314 | ons | Division Registrat Clifton B 2661 Exc | ADDRESS: of Corporations ion Section uilding ecutive Center Circle see, FL 32301 | | |
| Enclos | ed is a check for the folloud is a check for the following Fee | | □ \$155.00 Filing Fee & Certified Copy | ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy | | |

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 BUSINESS IN THE STATE OF FLORIDA:

| SHOMA SAN REMO, | LLC | | | |
|---|--|--|---|--|
| (Name of Fore | ign Limited Liability Company; mu | ist include "Limited Liab | oility Company," "L.L.C.," or | "LLC.") |
| (If name unavailable, enter al | ternate name adopted for the purpos | se of transacting business | s in Florida. The alternate nam | ne must include "Limited |
| Liability Company," "L.L.C," | or "LLC.") | | | |
| 2. DELAWARE | | 3. 81-4949882 | (FC) 1 (C 1) 1.1.1 | |
| (Jurisdiction under the law company is organized) | of which foreign limited liability | | (FEI number, if applicable) | |
| 4. N/A | | | | _ |
| | (Date first transacted busine (See sections 605.0904 & 605 | ess in Florida, if prior to i.0905, F.S. to determine | registration.) penalty liability) | |
| 5. 3470 NW 82ND AVE | NUE, SUITE 988, DORAL, FL | 33122 | | - |
| | | | | 20 |
| | (Street Address of | • | | |
| 6. <u>3470 NW 82ND AVEN</u> | IUE, SUITE 988, DORAL, FL | 33122 | | |
| | | | | 2017 JAN 20 2017 JAN 20 2017 JAN 20 |
| | (Mailing | Address) | | PH H. |
| 7. Name and street addres | s of Florida registered agent: (P | P.O. Box NOT accept | able) | 70 |
| Name: | FRANK SILVA, ESQ. | | | 987 |
| Office Address: | 3470 NW 82ND AVENUE, SI | UITE 988 | - | Tape of Transition Control of Control of Transition Control of Con |
| Office Address. | DORAL | | , Florida 33122 | |
| | (City) | | (Zip code) | - |
| designated in this applicate to complywith the provision | gistered agent and to accept ser tion, I hereby accept the appoin ons of all statutes relative to the ny position as registered agent | itmood as registered as | gent and agree to act in thi | is capacity. I further agree |
| | (Regis | tered agent's signature) | | |
| 8. The name, title or capa | icity and address of the person(s |) who has/have author | ity to manage is/are: | |
| • | 1ANAGER - 3470 NW 82ND A | | | |
| | | | | |
| | | | <u></u> | |
| | | | | |
| Attached is a certificate jurisdiction under the law of the translator must be st | | certificate if in a foreig | sh language, a translation of | custody of records in the f the certificate under oath |
| | Signature | e of an authorized person | 1 | |
| This document is executed submitted in a document to | in accordance with section 605. the Department of State constit | utes a H ird degree felo | Statutes. I am aware that any ony as provided for in s.817 | y false information .155, F.S. |
| | MASO | OUD SHOJAEE | | _ |
| | Typed or | printed name of signee | | |

<u>Delaware</u>

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "SHOMA SAN REMO 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 TWELFTH DAY OF JANUARY, A.D. 2017.



6280352 8300 SR# 20170200293

Authentication: 201862976

Date: 01-12-17