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APR 21 2017 S. YOUNG

SECRETARY OF STATE FALLAHASSEE, FLORIDA



2017 APR 14 PM 3: 16

FLORIDA DEPARTMENT OF STATE Division of Corporations, § 1997.

December 7, 2016

CAROL A SIMLER, PARALEGAL WITHERS BERGMAN LLP 157 CHURCH STREET 12TH FLOOR NEW HAVEN, CT 06510

SUBJECT: SHBH, LLC

Ref. Number: W16000081801

We have received your document for SHBH, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 216A00026000

16 DEC -5 PH 3: 27

Withers Bergman w

157 Church Street, P.O. Box 426, New Haven, Connecticut 06502-0426

t: +1 203 789 1320

f: +1 203 785 8127

www.withersworldwide.com

April 7, 2017

Shelia H. Young, Regulatory Specialist II Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: SHBH, LLC

Dear Ms. Young:

Enclosed for filing is Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for the above-referenced entity. This filing was previously submitted, but rejected as indicated on your letter of December 7, 2016, which is enclosed for reference. I have made the correction indicated and ordered a current Certificate of Good Standing from the State of Delaware, being the state in which the entity is formed.

Please use the \$155.00 filing fee previously submitted for this application.

Very truly yours,

Carol Simler Paralegal

CAS/cas

Enclosure

16 DEC -5 PH 3: 27

Withersworldwide

London Geneva Zurich Milan Padua Hong Kong Singapore Tokyo British Virgin Islands New York Greenwich New Haven San Francisco Los Angeles Rancho Santa Fe San Diego

COVER LETTER

TO:

TO:		tion Section of Corporation	s	•			
SUBJE		BH, LLC					
3000	····		Name of	Limited Liability	Company		_
			eign Limited Liability Comp I to register the above refer				
Please	return all c	orrespondence co	oncerning this matter to the	following:			
		Carol A. Simler	, Paralegal				
			N	ame of Person			
Withers Bergman LLP							
Firm/Company							-
157 Church St., 12th Fl.							
	Address						- ZSi
New Haven, CT 06510						LLAHASSIE FLORIDA	
	City/State and Zip Code						- SSS
carol.simler@withersworldwide.com							7
	_		E-mail address: (to be used	d for future annual	report not	tification)	- 4: CSE
For fur	ther inform	ation concerning	this matter, please call:				27
	Carol A.	Simler		203 at (974-03		
		Name of	Contact Person	Area Code	Day	rtime Telephone Number	_
	Division Registrat P.O. Box	of Corporations ion Section 6327 see, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section duilding ecutive Center Circle see, FL 32301	
Enclose		k for the followi 00 Filing Fee	ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Copy	ng Fee &	□ \$160.00 Filing Fee, Cof Status & Certified Co	

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:

	SINESS IN THE STATE OF FLORID	IA:			
Name of Fore	eign Limited Liability Company; mi	ust include "Limite	Liability Company," "L.L.C.," or "L	.LC.")	
(If name unavailable enter of	tamata nama dantal far th		siness in Florida. The alternate name	must include "I imited	
Liability Company," "L.L.C,"	" or "LLC.")	se of transacting bu	siness in Florida. The alternate hame	must menuse Emined	
2. Delaware		3.			
company is organized)	of which foreign limited liability		(FEI number, if applicable)		
4. 12/1/16					
	(Date first transacted busin (See sections 605.0904 & 605	icss in Florida, if pr 5.0905, F.S. to dete	ior to registration.) rmine penalty liability)		
5. 4385 Collins Avenue					
Miami Beach, FL 3314					
4006 0 111 4	(Street Address of	Principal Office)			
6. 4385 Collins Avenue					
Miami Beach, FL 3314				_	4
	(Malling	(Address)			25°
7. Name and street addres	s of Florida registered agent: (F	P.O. Box <u>NOT</u> a	ceptable)		22
Name:	Luckie Matias	· ,		DEC-5	芸芸
Office Address:	4385 Collins Avenue				Mae
	Miami Beach	·	, Florida 33140	PH 3:	57
Registered agent's accep	(City)		(Zip code)	, .	
Having been named as re designated in this applica to complywith the provision	gistered agent and to accept set tion, I hereby accept the appoin	ntment as registe. e proper and con	or the above stated limited liabili- red agent and agree to act in this plete performance of my duties,	capacity. I further ag	ree
	(Regi	stered agent's signa	ture)		
8. The name, title or cape Soho House, LLC ,—Ite	acity and address of the person(s	s) who has/have a	uthority to manage is/are:		
29-35 Ninth Avenue					
New York, NY 10014					
jurisdiction under the law	of which it is organized, (If the	certificate is in a	nenticated by the official having conforming language, a translation of the conforming language.		
	Signatur	re of an authorized	person		
This document is executed submitted in a document to	d in accordance with section 605 to the Department of State constitution	.0203 (1) (b), Flo tutes a third degre	rida Statutes. I am aware that any se felony as provided for in s.817.1	false information 55, F.S.	
	Typed or	printed name of si	gnec		

Delaware

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "SHBH, 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-SECOND DAY OF MARCH, A.D. 2017.

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

SECRETARY OF STATE ORIDATE OF DEC -5 PM 3: 27



6230791 8300 SR# 20171923492 Authentication: 202242740

Date: 03-22-17