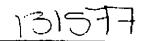


Florida Department of State

Division of Corporations Electronic Filing Cover Sheet



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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Account Number : 072450003255

Phone

: (305)634-3694 Fax Number : (305)633-9696

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 SHONCAI LLC

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S. WARREN

OCT 2 4 2017

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10/23/2017 10/53/5017 16:10

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	SHONCAI LLC	
	Name of Limited Liability Company	
The end Existen	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certifica e, and check are submitted to register the above referenced foreign limited liability company to transact business in Flo	te of orida
Please r	turn all correspondence concerning this matter to the following:	
	Silvia Ibanez LAW FIRM	
	Name of Person	
	Silvia Ibanez Law Firm Name of Person Silvia Ibanez Attorney Firm/Company	
	3956 Town Center Blvd #196	
	Onlando F.L. 32837 City/State and Zip Code	
	City/State and Zip Code	
	Reg. Agent ensil: "LUZPIEDRA hita cototmail. com" E-mail address: (to be used for future annual report notification)	
For firth	r information concerning this matter, please call:	
	Silvia Ibanez at 407 846-9449 Name of Contact Person Area Code Daytime Telephone Number	
	IAILING ADDRESS: Evision of Corporations Egistration Section STREET ADDRESS: Division of Corporations Division of Corporations	
	O. Box 6327	
•	allahassea, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed	a check for the following amount: \$125.00 Filling Fee	
•	Certificate of Status Certified Copy of Status & Certified Copy	
	#25- Registered	
	agent Periametin	
	#25- Registered agent Designation Total = \$15500	

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

IN COMPLIANCE WITH SECTION 605 0002, FLORIDA STATISTES, THE COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED	LLBILI
SHONCAI / LC	•	
(Name of Foreign Limited Limbility Company; must include "Limi	icod Liability Company, " "L.L.C., " or "LLC.")	-
(Normal manufichia and hand		
(If some unavellable, enter alternate name adopted for the purpose of transacting butaness in F	Portice. The shormate name mass include "Limited Liability Company," "L.L.C," or "LL	C.T
2. De a ware limited (liability company is organized)	3. <u>Applied</u> for	
Att lease it	(FEI number, if applicable)	•
4. OCIOUR i. 2	017	
Oute first transacted dusiness in Florida, If prior a (See sections 605,090) & 605,0905, F.S. to deter-	oreganization.)	
5. 1633 E. VINE St. (Street Address of Principal Office)	6. same	
_Ste. 104	(Meling Adires)	
Kissimmee, FL. 34744		
7.50111		
7. Name and street address of Florida registered agent: (P.O. Bo	v NOT committee	·
· · · · · · · · · · · · · · · · · · ·	C/7_,	(4) [
Name: LUZ Piedrahi		
Office Address: 1633 E. VINC	St., Ste 109	
Kissinmee		
(Clea)	Florida 7777 ω	
Registered agent's acceptance:	(
Having been named as registered agent and to accept service of plesignated in this application, I hereby accept the appointment a to comply with the provisions of all statutes relative to the property.	process for the above stated limited liability company at the	place
to comply with the provisions of all statutes relative to the proper and accept the ubligations of my position as evolvered.	and complete performance of my duties, and I am families	e agree
and accept the ubligations of my position as registered agent	, (WILM
x tert/cala	ed alcoha	
(Registered agent's a	•	
8. The name, title or capacity and address of the person(2) who ha	is/have authority to manage is/are:	
Mame and Address:	Title or Capacity: Name and Address:	
MARIO LONDOTO	-> Mge-Membee	
1 <u>023 E. VINE ST. #1</u> KISSIMMER FI. 24	700	
Classiff Co. S. W.		
<u></u>		
(Use attachments if necessary)		
9) Attached is a certificate of existence, no more than 90 days old, distribution under the law of which it is organized. (If the certificate	bily authenticated by the official busing mysedure	
jurisdiction under the law of which it is organized. (If the certificate of the translator must be submitted)	is in a foreign language, a translation of the certificate under	the oath
10. This document is executed in accordance with section 505,0203 (submitted in a document to the Department of State constitutes a third	(1) (b), Florida Statutes, I am aware that any falce in form	
\sim	d degree felony as provided for in s.817.155, F.S.	I
X 1 Killing		
Signmedop	an authorized person	
marin 1	21/Data	
17,111.0	Interd users of shares	
A Video J or mel	HIEG Detro Of Abrova	

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "SHONCAI 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 TENTH DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "SHONCAILLC" IS A SERIES LIMITED LIABILITY COMPANY.

AND I DO HEREBY PORTHER CERTIFY THAT THE SAID "SHONCAI LIC" WAS FORMED ON THE TENTH DAY OF OCTOBER, A.D. 2017.

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

: ;·

6574439 8300E SR# 20176553536

You may verify this certificate online at corp.delaware.gov/authver.shbnl

Jeffery Mr. Elstreck, Secretary of Elste

Authentication: 203373703

Date: 10-10-17