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J. HARRIE

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 201232 7975948 AUTHORIZATION : COST LIMIT : ORDER DATE: May 9, 2018 ORDER TIME : 9:10 AM ORDER NO. : 201232-010 CUSTOMER NO: 7975948 FOREIGN FILINGS NAME: SH REALTY HOLDINGS, LLC XXXX QUALIFICATION (TYPE: <u>LL</u>) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY XX PLAIN STAMPED COPY ____ CERTIFICATE OF GOOD STANDING

EXAMINER: ____

CONTACT PERSON: Roxanne Turner -- EXT# 62969

COVER LETTER

TO:		istration Section ision of Corporation	s				
SUBJEC	CT:	SH Realty Holdings,	LLC				
	~		Name of I	Limited Liability C	ompany	 -	
The encl Existence	losed ce, an	"Application by Ford d check are submitted	eign Limited Liability Comp I to register the above refere	any for Authorizat need foreign limit	tion to Trai ed liability	nsact Business in Florida," Certificate o company to transact business in Florida	ſ i.
Please re	etum	all correspondence c	oncerning this matter to the	following:			
		Alexia Varga					
			Na	ime of Person			
			Fi	rm/Company		. <u></u>	
		515 N. Flagler I	Drive, Suite 1700				
				Address		 ,	
		West Palm Bea	ch, FL 33401				
			City/S	tate and Zip Code			
		agv@nhmcap.coi	n				
			E-mail address: (to be used	I for future annual	report not	fication)	
For furt	her ii	nformation concerning	g this matter, please call;				
	Rol	oert W. Forman		212 at (515-804		
		Name o	f Contact Person	Area Code	Day	time Telephone Number	
	Div Reg P.O	ision of Corporations gistration Section Box 6327 Jahassee, FL 32314			Division of Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
Enclose		a check for the follow \$125.00 Filing Fee	ing amount: \$\Bigsire\$ \$\\$130.00\$ Filing Fee & Certificate of Status	S155.00 Filin Certified Copy	ng Fee &	☐ \$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:

name unavailable, enter alternate m	ame adopted for the purpose of transacting business in Flo	rida. The alternate n	ame must include "Limited Liability	Company," "L.L.C."	or "LLC.")	
Delaware		3.	(FE) number,			
(lurisdiction under the law of wh	hich foreign limited hability company is organized)		(FEI number,)	('upplicable)		
	(Date first transacted bustness in Florada, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) inc penalty liability)				
515 N. Flagler Drive, S	Suite 1700	6. 515 1	N. Flagler Drive, Suite 17 (Mailing Address)	00		
(Street Address of I	Principal Office)		(Mailing Address) Palm Beach, FL 33401	3.4	23	
West Palm Beach, FL	33401	west	Paini Beach, FL 33401	 	NVN BIGZ	MC.
				3 - 1	-\\	# .2
				10	$\overline{}$	i
Name and street address	ss of Florida registered agent: (P.O. Box	NOT accept	able)			9
Name:	Alexia Varga	<u>. </u>	_	<u></u>	7	Ì
	515 N. Flagler Drive, Suite 1700			بن چين	لمشيخ • •	
Office Address:		<u>. </u>		(<u>6</u>).	(X)	
	West Palm Beach (City)		_ , Florida 33401 (Zip code)	-		
gistered agent's accep	, , , , ,		(C) p (C) (C)			
nd accept the obligation	s of my position as registered agent.		e performance of my du			wii
nd accept the obligation	1 1/1. * 1/2			_ _		wir
	Alexia Varga	s «ignature)		_ _		wii
. The name, title or cap	Alexia Varga acity and address of the person(s) who h	signature) as/have author	rity to manage is/are:			wir
. The name, title or cap <u>Title or Capacity:</u>	Alexia Varga acity and address of the person(s) who h	signature) as/have author	rity to manage is/are:	Name and Add		wir
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The name, title or cap Title or Capacity: Manager	Alexia Varga acity and address of the person(s) who h Name and Address: Alexia Varga 515 N. Flaeler Drive, Suite 1 West Palm Beach, FL 33401	signature) us/have author Title or	rity to manage is/are:			
. The name, title or cap Title or Capacity: Manager Use attachments if neces	Alexia Varga acity and address of the person(s) who h Name and Address: Alexia Varga 515 N. Flagler Drive, Suite 1 West Palm Beach, FL 33401	as/have author Title or	rity to manage is/are: Capacity:	Name and Add	lress:	
The name, title or cap Title or Capacity: Manager Use attachments if neces	Alexia Varga acity and address of the person(s) who hame and Address: Alexia Varga 515 N. Flagler Drive. Suite 1 West Palm Beach. FL 33401 ssary) e of existence, no more than 90 days old.	as/have author Title or	rity to manage is/are: Capacity: cated by the official having	Name and Add	cords in	the
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SH REALTY HOLDINGS, 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 MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SH REALTY HOLDINGS, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF OCTOBER, A.D. 2017.

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

Authentication: 202666212

Date: 05-10-18