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TALL ARREST OLDSODA

TALL ARREST OLDSODA

one 4.1 To MAKE CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 566115 4304417

AUTHORIZATION: Smelle Report

COST LIMIT : \$ 425~00

ORDER DATE: January 2, 2019

ORDER TIME : 9:50 AM

ORDER NO. : 566115-005

CUSTOMER NO: 4304417

FOREIGN FILINGS

NAME: SHIBUI TAMPA, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

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:

(If name unavailable enter alternate r	name adopted for the purpose of transacting business in Flori	da. The alternate name must include "Limited Lis	hith Company " "I I C " or "I I C ")
2. DE	and any purpose of a single suggestion of the su	Dondina	omy company. Elec, or elect /
(Jurisdiction under the law of which foreign lurated liability company is organized)		3. Felicing (FE! mumber, if applicable)	
Han filia			
4. Upon filing	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin	egistration)	1
_	(See sections 602,0904 & 603,0905, 1.5. to determin		
5. (Street Address of I	rincipal Office)	6. (Mailing Add	ress)
912 N. Franklin St. Tampa, FL 33602		912 N. Franklin St. Tampa, FL 33602	
	,		17. 9
- 			Z
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT accentable)	1
		<u>1.91</u> accopiacity	· · · · · · · · · · · · · · · · · · ·
Name:	Corporation Service Company		So. 3
Office Address:	1201 Hays Street		mo = E
	Tallahassee		AMII: 02 SSEE, FL
	(City)	, Florida 32301 (Zin cod	
Registered agent's accep	• • •	(Lip too	-,
to comply with the provise	ions of all statutes relative to the proper of sof my position as registered agent Corporation Service Company	registered agent and agree to act and complete performance of my Roxanne Asst. Vice F	duties, and I am familiar with Tumer
to comply with the provisi and accept the obligation	ions of all statutes relative to the proper of sof my position as registered agent	Roxanne Asst. Vice F	duties, and I am familiar with Tumer
to comply with the provisi and accept the obligation	ions of all statutes relative to the proper of sof my position as registered agent Corporation Service Company By: (Registered agent 5 si	Roxanne Asst. Vice F	duties, and I am familiar with Tumer
to comply with the provisi and accept the obligation. 8. The name, title or cap:	ions of all statutes relative to the proper of sof my position as registered agent Corporation Service Company By: (Registered agent's sincity and address of the person(s) who has Name and Address: Lanfranco Pescante	Roxanne Asst. Vice F whatever authority to manage is/are:	duties, and I am familiar with Turner President Name and Address: FVH Tampa, LLC
to comply with the provise and accept the obligation. 8. The name, title or cape Title or Capacity:	cons of all statutes relative to the proper of sof my position as registered agent Corporation Service Company (Registered agent's size acity and address of the person(s) who has Name and Address:	Roxanne Asst. Vice F grature) Whave authority to manage is/are: Title or Capacity:	duties, and I am familiar with Turner President Name and Address:
to comply with the provisionand accept the obligation. 8. The name, title or capatite or Capacity: Manager	cons of all statutes relative to the proper of sof my position as registered agent Corporation Service Company By: (Registered agent s since ity and address of the person(s) who has Name and Address: Lanfranco Pescante 912 North Franklin Street	Roxanne Asst. Vice F grature) Whave authority to manage is/are: Title or Capacity:	Name and Address: FVH Tampa, LLC 31351 Via Colinas, Ste 101
to comply with the proviss and accept the obligation. 8. The name, title or caps: Title or Capacity:	cons of all statutes relative to the proper of sof my position as registered agent. Corporation Service Company. By: (Registered agent's size acity and address of the person(s) who has Name and Address: Lanfranco Pescante 912 North Franklin Street Tampa, Florida 33602 David Anderson 912 North Franklin Street	Roxanne Asst. Vice F grature) Whave authority to manage is/are: Title or Capacity:	Name and Address: FVH Tampa, LLC 31351 Via Colinas, Ste 101
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to comply with the provisionand accept the obligation. 8. The name, title or capatite or Capacity: Manager	corporation Service Company By: (Registered agent stricted and address of the person(s) who has Name and Address: Lanfranco Pescante 912 North Franklin Street Tampa, Florida 33602 David Anderson 912 North Franklin Street Tampa, Florida 33602	Roxanne Asst. Vice F grature) Whave authority to manage is/are: Title or Capacity:	Name and Address: FVH Tampa, LLC 31351 Via Colinas, Ste 101
8. The name, title or caparitle or Capacity: Manager Manager (Use attachments if neces). Attached is a certificate	corporation as registered agent (Registered agent) (Registered ag	Asst. Vice F grature) Analysis of my Roxanne Asst. Vice F grature Analysis of Capacity: Manager Manager uly authenticated by the official ha	Name and Address: FVH Tampa, LLC 31351 Via Colinas, Ste 101 Westlake Village, CA 91362
8. The name, title or cap: Title or Capacity: Manager Manager (Use attachments if neces) Attached is a certificate urisdiction under the law f the translator must be so This document is exec	Corporation Service Company By: (Registered agent Service Company) Registered agent Service Company) And Anderson 912 North Franklin Street Tampa, Florida 33602 Sary) of existence, no more than 90 days old, dof which it is organized. (If the certificate obmitted) uted in accordance with section 605.0203	Asst. Vice F grature) Whave authority to manage is/are: Title or Capacity: Manager uly authenticated by the official ha is in a foreign language, a translat (1) (b), Florida Statutes. I am awar	Name and Address: FVH Tampa, LLC 31351 Via Colinas, Ste 101 Westlake Village, CA 91362 ving custody of records in the ion of the certificate under oath
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8. The name, title or cap: Title or Capacity: Manager Manager (Use attachments if neces) Attached is a certificate urisdiction under the law f the translator must be so 9. This document is exec	corporation as registered agent Corporation Service Company By: (Registered agent Size Corporation Service Company) By: (Registered agent Size Corporation Service Company) By: (Registered agent Size Corporation Service Company) And Address: Lanfranco Pescante 912 North Franklin Street Tampa, Florida 33602 David Anderson 912 North Franklin Street Tampa, Florida 33602 sary) of existence, no more than 90 days old, dof which it is organized. (If the certificate abmitted) utted in accordance with section 605.0203 of the Department of State constitutes-authors.	Asst. Vice F Grature Asst. Vice F Grature Asst. Vice F Asst. Vice F Analytic or Capacity: Manager Manager Uly authenticated by the official had is in a foreign language, a translation of the capacity of the capaci	Name and Address: FVH Tampa, LLC 31351 Via Colinas, Ste 101 Westlake Village, CA 91362 ving custody of records in the ion of the certificate under oath

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SHIBUI TAMPA, 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 SECOND DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHIBUI TAMPA, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF NOVEMBER, A.D. 2018.

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

Authentication: 202008110

Date: 01-02-19

7169084 8300 SR# 20190027230