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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 712919 _ 4301770

AUTHORIZATION

COST LIMIT : \$ 155.00

ORDER DATE: April 5, 2019

ORDER TIME : 4:07 PM

ORDER NO. : 712919-005

CUSTOMER NO: 4301770

FOREIGN FILINGS

NAME: SOBE VEGAN SOUTH BEACH LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

TO:

.

то:	Registration Section Division of Corporations						
SHRI	SoBe Vegan South Beach LLC						
30110	Name of Limited Liability Company						
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ee, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.						
Please	eturn all correspondence concerning this matter to the following:						
	Gerald DeSantis, Esq.						
	Name of Person						
	Patterson Belknap Webb & Tyler LLP						
	Firm/Company						
	1133 Avenue of the Americas						
Address							
	New York, NY 10036						
	City/State and Zip Code						
	kris@AVentureCapitalinc.com						
	E-mail address: (to be used for future annual report notification)						
For fu	ner information concerning this matter, please call:						
	Gerald DeSantis, Esq. 212 336-2450						
	Name of Contact Person Area Code Daytime Telephone Number						
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301						
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$\Begin{array}{ c c c c c c c c c c c c c c c c c c c						

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:

1. SoBe Vegan South E	Limited Liability Company; must include "Limite	ed Liability Company."	"L.L.C.," or "LLC.")		-
(If name unavailable, enter afternate r	name adopted for the purpose of transacting business in Flo	orida. The alternate name n	nust include "Limited Liability Compan	v," "L.L.C," or "l.	 LC.")
Delaware 2. (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	(FEI number, if applicab	ic)	_
4	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.)			
500 S. Pointe Drive, Suite 250 5. (Street Address of Principal Office)			Ointe Drive, Suite 250 (Mailing Address)		_
Miami Beach, FL 33139		Miami Beach, FL 33139			_
				901a Kirir	
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT_acceptable		聚5 元 	
Name:	Corporation Service Company			A : 10:	•
Office Address:	1201 Hays Street			8 2	
	Tallahassee	, F	32301 orida(Zip code)		
Registered agent's accep			(sap code)		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Lydia Cohen Asst. Vice President Corporation Service (Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Krishna P. Singh Manager Manager Name: _____ Address: 500 S. Pointe Drive, Suite 250 Member Member Address: Miami Beach, FL 33139 Authorized Authorized Person Person Other____ Other___ Other____ Other____ Manager Name: _____ Name: ______ Manager Member Address: _____ ☐ Member Address: ______ Authorized Authorized Person Person Other_ Other Other Name: Manager ☐ Manager Name: Member Address: ______ ☐ Member Address: _____ Authorized Authorized Person Person Other____ Other Other____ Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 05.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of Society constitutes a third degree felony as provided for in s.817.155, F.S. ignature of an authorized person. Krishna F. Singh, Manager

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "SOBE VEGAN SOUTH BEACH 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 FIFTH DAY OF APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOBE VEGAN SOUTH BEACH LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF MARCH, A.D. 2019.

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



Authentication: 202590801

Date: 04-05-19