Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations Fax Number : (850)617-6383

Appoint Name: : ELIAIEK,RUZ,ROORIGUZ,ALVEREZ,PLLC

Account Number: 120030000013 Phone: (305)444-5969 Fax Number: (788)532-9173

annual report mailing. Enter only one email address please.

Email Address: MANUAL COM "Enter the email address for this business entity to be used for future

Foreign Limited Liability Company Shoma Retali Holdings, LLC

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COVER LETTER

	Shoma Retail Holdings, LLC		
SUBJECT: _	Nam	e of Limited Liability Company	
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida	
Please return a	all correspondence concerning this matter t	to the following:	
	Santiago Eljaiek c/o Monique Martino		
		Name of Person	
	ERRA Registered Agents, LLC		
		Firm/Company	
	2601 South Bayshore Drive - 18th Flo	oor	
		Address	
	Coconut Grove, FL 33133		
	(City/State and Zip Code	
	mm@erralaw.com		
	E-mail address: (to b	e used for future annual report notification)	
For further in	formation concerning this matter, please ca	alt:	
Bart	oara Baquet	305 444-5969	
	Name of Contact Person	Area Code Daytime Telephone Number	
	Ing Address: istration Section	Street Address: Registration Section	
Div	ision of Corporations	Division of Corporations	
	. Box 6327	The Centre of Tallahassee	
Tall	ahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Pleas	osed is a check for the following amount: se make check payable to: FLORIDA DE		
≣ \$	125.00 Filing Fec State \$130.00 Filing Fe Certificate		

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: Shoma Retail Holdings, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (if name treavailable, come alternate name adopted for the purpose of transacting husiness in Florida. The alternate stame must include "Limited Liability Company," "L.L.C," or "LLC.") Delaware (Jurisdiction under this law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 603.0905, F.S. to determine posalty liability) 201 Sevilla Avenue #300 201 Sevilla Avenue #300 5. (Street Address of Principal Office) Coral Gabies, FL 33134 Corai Gables, FL 33134 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) ERRA Registered Agents, LLC Name: 2601 South Bayshore Drive 18th Floor Office Address: Coconut Grove (City) Registered agent's acceptance: 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 agents

(Registered agent's menature)

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]:

Masoud Shojaee 201 Sevilia Avenue #300 dress: Dral Gables, FL 33134	☐ Manager ☐ Member ☐ Authorized Person ☐ Other	Name: Stephanie Shojaee Address: 201 Sevilla Avenue #300 Coral Gables, FL 33134
dress:	□Authorized Person	Address: Coral Gables, FL 33134
	Person	
Other	Other Secretary	□ Other
ine:	□Manager	Name:
dress:	□Member	Address:
	☐ Authorized	
- <u> </u>	Person	
Other	□Other	☐ Other
		Name:Address:
	□ Authorized	
	Person	
Other	Other	Other
	Other Idress: Other Idress: Other an attachment to report more than six (6)	Member Authorized Person Other Other Manager Member Authorized Person Other Othe

Typed or printed name of signes

<u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SHOMA RETAIL 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 TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHOWA RETAIL HOLDINGS, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF JANUARY, A.D. 2023.

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

Authentication: 204236041

Date: 09-25-23

7255839 8300

SR# 20233572860