

Mikowood 1884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

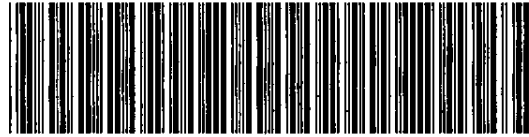
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/03/16--01005--023 \*\*125.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAR -3 PM 2:43

MAR 04 2016

S. YOUNG

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. LVM REAL ESTATE LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. NEVADA (Jurisdiction under the law of which foreign limited liability company is organized)
3. 81-1314682 (FEI number, if applicable)

4. 03/01/2016 (Date first transacted business in Florida, if prior to registration. See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 19413 NW 23RD PL PEMBROKE PINES FL 33029 (Street Address of Principal Office)

6. 19413 NW 23RD PL PEMBROKE PINES FL 33029 (Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: ANDREY M ARGENTA
Office Address: 19413 NW 23RD PL
PEMBROKE PINES, Florida 33029
(City) (Zip code)

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 agent.

Handwritten signature of Andrey M. Argenta
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
ANDREY M ARGENTA (MGRM) 3773 HOWARD HUGHES PARKWAY, SUITE 500S LAS VEGAS NV 89169
LVM CONTRUCOES LTDA EPP (MGRM) 3773 HOWARD HUGHES PARKWAY, SUITE 500S LAS VEGAS
NV 89169

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)

Handwritten signature of Andrey M. Argenta
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

ANDREY M ARGENTA
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAR -3 PM 2:43

# SECRETARY OF STATE



SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAR -3 PM 2:43

## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **LVM REAL ESTATE LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 2, 2016, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 26, 2016.

BARBARA K. CEGAVSKE  
Secretary of State



Electronic Certificate  
Certificate Number: C20160226-0743  
You may verify this electronic certificate  
online at <http://www.nvsos.gov/>



DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

Date of this notice: 02-02-2016

Employer Identification Number:  
81-1314682

Form: SS-4

Number of this notice: CP 575 B

For assistance you may call at  
1-800-829-4933

LVM REAL ESTATE LLC  
ANDREY M ARGENTA MBR  
19413 NW 23RD PL  
PEMBROKE PINES, FL 33029

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAR -3 2:13

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER**

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 81-1314682. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065 .04/15/2017

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at [www.irs.gov](http://www.irs.gov). If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

(IRS USE ONLY)

575B

02-02-2016 LVMR B: 9999999999 SS-4

**IMPORTANT REMINDERS:**

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is LVMR. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 FEB -3 PM 2:43

Keep this part for your records.

CP 575 B (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 B

9999999999

Your Telephone Number Best Time to Call  
( ) -

DATE OF THIS NOTICE: 02-02-2016  
EMPLOYER IDENTIFICATION NUMBER: 81-1314682  
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023  
[Barcode]

LVM REAL ESTATE LLC  
ANDREY M ARGENTA MBR  
19413 NW 23RD PL  
PEMBROKE Pines, FL 33029



BARBARA K. CEGAVSKE  
 Secretary of State  
 202 North Carson Street  
 Carson City, Nevada 89701-4201  
 (775) 684-5708  
 Website: www.nvsos.gov



\*180304\*

FILED  
 SECRETARY OF STATE  
 CLERK  
 ALLAH, NEVADA  
 16 MAR - 3 PM 2:43

**Registered Agent  
 Acceptance**  
 (PURSUANT TO NRS 77.310)

This form may be submitted by: a Commercial Registered Agent, Noncommercial Registered Agent or Represented Entity. For more information please visit <http://www.nvsos.gov/index.aspx?page=141>

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

**Certificate of Acceptance of Appointment by Registered Agent**

In the matter of LVM Real Estate LLC (E0049402016-7)

Name of Represented Business Entity

I, InCorp Services, Inc. am a:  
 Name of Appointed Registered Agent OR Represented Entity Serving as Own Agent\*

(complete only one)

- a)  commercial registered agent listed with the Nevada Secretary of State,
- b)  noncommercial registered agent with the following address for service of process:

Street Address \_\_\_\_\_ City \_\_\_\_\_ Nevada \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different from street address) \_\_\_\_\_ City \_\_\_\_\_ Nevada \_\_\_\_\_ Zip Code \_\_\_\_\_

- c)  represented entity accepting own service of process at the following address:

Title of Office or Position of Person in Represented Entity \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Nevada \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different from street address) \_\_\_\_\_ City \_\_\_\_\_ Nevada \_\_\_\_\_ Zip Code \_\_\_\_\_

and hereby state that on February 3, 2016 I accepted the appointment as registered agent for  
 the above named business entity. Date

X \_\_\_\_\_  
 Authorized Signature of R.A. or On Behalf of R.A. Company

February 3, 2016  
 Date

\*If changing Registered Agent when reinstating, officer's signature required.

X \_\_\_\_\_  
 Signature of Officer

\_\_\_\_\_  
 Date

**INITIAL/ANNUAL LIST OF MANAGERS OR MANAGING MEMBERS AND STATE BUSINESS LICENSE APPLICATION OF:**

LYM REAL ESTATE LLC

NAME OF LIMITED-LIABILITY COMPANY

ENTITY NUMBER

E0049402016-7



\*100403\*

FOR THE FILING PERIOD OF FEB, 2016 TO FEB, 2017

USE BLACK INK ONLY - DO NOT HIGHLIGHT

**\*\*YOU MAY FILE THIS FORM ONLINE AT [www.nvsilverflume.gov](http://www.nvsilverflume.gov)\*\***

Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

**IMPORTANT:** Read instructions before completing and returning this form.

1. Print or type names and addresses, either residence or business, for all manager or managing members. A Manager, or if none, a Managing Member of the LLC must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
2. If there are additional managers or managing members, attach a list of them to this form.
3. Return completed form with the fee of \$150.00. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
4. State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
5. Make your check payable to the Secretary of State.
6. **Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
7. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
8. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

Filed in the office of <i>Barbara K. Cegavske</i> Barbara K. Cegavske Secretary of State State of Nevada	Document Number <b>20160051612-24</b> Filing Date and Time <b>02/02/2016 3:52 PM</b> Entity Number <b>E0049402016-7</b>
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THIS DOCUMENT HAS BEEN FILED ELECTRONICALLY  
ABOVE SPACE IS FOR OFFICE USE ONLY

ANNUAL LIST FILING FEE: \$150.00 LATE PENALTY: \$75.00 (if filing late)

BUSINESS LICENSE FEE: \$200.00 LATE PENALTY: \$100.00 (if filing late)

**CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW**

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code:

**NRS 76.020 Exemption Codes**

- 001 - Governmental Entity
- 005 - Motion Picture Company
- 006 - NRS 680B.020 Insurance Co.

**NOTE:** If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.

NAME <b>ANDREY M ARGENTIA</b>	MANAGER OR MANAGING MEMBER		
ADDRESS <b>3773 HOWARD HUGHES PARKWAY, SUITE 500S , USA</b>	CITY <b>LAS VEGAS</b>	STATE <b>NV</b>	ZIP CODE <b>89169-0949</b>
NAME <b>LVM CONSTRUÇÕES LTDA - EPP</b>	MANAGER OR MANAGING MEMBER		
ADDRESS <b>3773 HOWARD HUGHES PARKWAY, SUITE 500S , USA</b>	CITY <b>LAS VEGAS</b>	STATE <b>NV</b>	ZIP CODE <b>89169-0949</b>
NAME	MANAGER OR MANAGING MEMBER		
ADDRESS	CITY	STATE	ZIP CODE
NAME	MANAGER OR MANAGING MEMBER		
ADDRESS	CITY	STATE	ZIP CODE

None of the managers or managing members identified in the list of managers and managing members has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of a manager or managing member in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

**X** SHARON HIGGINS

Title **ORGANIZER** Date **2/2/2016 3:52:38 PM**

**Signature of Manager, Managing Member or Other Authorized Signature**



BARBARA K. CEGAVSKE  
 Secretary of State  
 202 North Carson Street  
 Carson City, Nevada 89701-4201  
 (775) 684-5708  
 Website: www.nvsos.gov



\*050105\*

**Articles of Organization**  
**Limited-Liability Company**  
 (PURSUANT TO NRS CHAPTER 86)

Filed in the office of <i>Barbara K. Cegavske</i>	Document Number <b>20160051611-13</b>
Barbara K. Cegavske Secretary of State State of Nevada	Filing Date and Time <b>02/02/2016 3:52 PM</b>
	Entity Number <b>E0049402016-7</b>

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<b>1. Name of Limited-Liability Company:</b> (must contain approved limited-liability company wording; see instructions)	LVM REAL ESTATE LLC	Check box if a Series Limited-Liability Company <input type="checkbox"/>	Check box if a Restricted Limited-Liability Company <input checked="" type="checkbox"/>
<b>2. Registered Agent for Service of Process:</b> (check only one box)	<input checked="" type="checkbox"/> Commercial Registered Agent: <b>INCORP SERVICES, INC.</b> Name	<input type="checkbox"/> Noncommercial Registered Agent (name and address below) <b>OR</b> <input type="checkbox"/> Office or Position with Entity (name and address below)	
	Name of Noncommercial Registered Agent <b>OR</b> Name of Title of Office or Other Position with Entity		
	Street Address	City	State Zip Code
	Mailing Address (if different from street address)	City	State Zip Code
<b>3. Dissolution Date:</b> (optional)	Latest date upon which the company is to dissolve (if existence is not perpetual):		
<b>4. Management:</b> (required)	Company shall be managed by: <input checked="" type="checkbox"/> Manager(s) <b>OR</b> <input type="checkbox"/> Member(s) (check only one box)		
<b>5. Name and Address of each Manager or Managing Member:</b> (attach additional page if more than 3)	1) <b>LVM CONSTRUÇÕES LTDA - EPP</b> Name		
	3773 HOWARD HUGHES PARKWAY, SUITE 500	LAS VEGAS	NV 89169-0949
	Street Address	City	State Zip Code
	2) <b>ANDREY M ARGENTA</b> Name		
	3773 HOWARD HUGHES PARKWAY, SUITE 500	LAS VEGAS	NV 89169-0949
	Street Address	City	State Zip Code
	3) _____ Name		
	Street Address	City	State Zip Code
<b>6. Effective Date and Time:</b> (optional)	Effective Date:	Effective Time:	
<b>7. Name, Address and Signature of Organizer:</b> (attach additional page if more than 1 organizer)	I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.		
	<b>SHARON HIGGINS</b> Name	<input checked="" type="checkbox"/> <b>SHARON HIGGINS</b> Organizer Signature	
	3773 HOWARD HUGHES PARKWAY, SUITE 500	LAS VEGAS	NV 89169-0949
	Address	City	State Zip Code
<b>8. Certificate of Acceptance of Appointment of Registered Agent:</b>	I hereby accept appointment as Registered Agent for the above named Entity.		
	<input checked="" type="checkbox"/> <b>INCORP SERVICES, INC.</b> Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity	2/2/2016 Date	

This form must be accompanied by appropriate fees.