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COVER LETTER

TO:

TO:	Registration Section Division of Corporations						
CHD II	NBV HOMES LLC						
30/D31	JBJECT:Name of Limited Liability Company						
The en Exister	nclosed "Application by Foreign Limited Liability nce, and check are submitted to register the above	Company for Authorization to Transact Business in Florida." Certificate of referenced foreign limited liability company to transact business in Florida.					
Please	return all correspondence concerning this matter	to the following:					
	RAYNISHA MITCHELL						
		Name of Person					
	BOAVIDA GROUP						
		Firm/Company					
	1910 TERRACINA DR						
		Address					
	SACRAMENTO, CA 95834						
		City/State and Zip Code					
	RAYNISHA@THEBOAVIDAGROUI	P.COM					
	E-mail address: (to b	pe used for future annual report notification)					
For fu	rther information concerning this matter, please ca	all:					
	RAYNISHA MITCHELL	916 584-0446 at ()					
	Name of Contact Person	Area Code Daytime Telephone Number					
Mailing Address: Registration Section		Street Address: Registration Section					
	Division of Corporations	Division of Corporations					
	P.O. Box 6327	The Centre of Tallahassee					
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fe Certificate	ee & 🔲 \$155.00 Filing Fee & 🗏 \$160.00 Filing Fee, Certificate					

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE 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 of Foreign	Limited Liability Company; must include "Limite	d Liability C	ompany," "L.L.C.," or "LLC.")	
name unavailable, enter alternate	name adopted for the purpose of transacting business in F	lorida. The alte	ernate name must include "Limited Li	ability Company," "L.L.C," or "LLC.
DELAWARE		3.	92-2092300	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	J	(FEI numb	er, if applicable)
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605 0905, F.S. to determ	registration) ine penalty ha	bility)	
1375 S Military Trail		6	910 TERRACINA DR	
treet Address of Principal Office)		0	(Mailing Address)	
West Palm Beach, FL	33415	S	ACRAMENTO, CA 9583	4
		_		
		_		23
N	on aftile (I are Consultaneous aft O Dec	NOT		2023MAY
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acc	ceptable)	二 類 ゴ
Name:	REGISTERED AGENTS INC.			MAY 17 M STATE
	7901 4TH ST N STE 300			LOWE !
Office Address:		_		
	ST. PETERSBURG		33702 . Florida	
			• • • • • • • • • • • • • • • • •	

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.

Bill Havre - Assistant Secretary

(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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Elias Weiner ■Manager □Manager Name: 1910 Terracina Dr □Member □Member Address: Sacramento CA 95834 □ Authorized □ Authorized Person Person □ Other_____ □Other____ □Other □Other____ Name: □Manager □Manager Name: _____ □ Member Address: □Member Address: □ Authorized □Authorized Person Person Other____ □Other____ □Other____ □Other Name: □Manager Name: □Manager Address: _____ ☐ Member Address: __ □ Member □ 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 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. Raynisha Mitchell
Signature of an authorized person RAYNISHA MITCHELL

Typed or printed name of signee

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

DELAWARE, DO HEREBY CERTIFY "NBV HOMES 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-EIGHTH DAY OF MARCH, A.D. 2023.

Authentication: 203025372

Date: 03-28-23

6885949 8300 SR# 20231175864

You may verify this certificate online at corp.delaware.gov/authver.shtml