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COVER LETTER

Division of Corporations
SUBJECT: COMINICACIAC VENTURES GROUP LLC Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
KATHUEEN HAU Name of Person
COMMERCIAC VENTURES GROUP LLC
Firm/Company
1405 WATERVIEW DRIVE
Address
DECTONA, FL 32738
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
KATHLEEN HALL at (386) 747 783/ Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate Copy} \\ \text{Certificate of Status} \\ \text{Certified Copy} \\ \text{Opy} \\ \text{Opy} \\ \text{S160.00 Filing Fee, Certified Copy} \\ \text{Opy} \\ \text{Opy} \\ \text{Opy} \\ \text{Opy} \\ \text{Opy} \\ \text{Opp} \\

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

	OMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1	
1	Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
cons	ame unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written ent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability pany," "L.L.C," "LLC.")
2.	Irisdiction under the law of which foreign limited liability 3. (FEI number, if applicable)
(Ji	mpany is organized)
4	(Date of Organization) 5. CRPETUAL (Duration: Year limited liability company will cease to exist or "perpetual")
6	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7	101 CONVENTION CENTER DR SUITE JOO
_	LAS VAGAS NV 89/09 FP (Street Address of Principal Office)
8. I	f limited liability company is a manager-managed company, check here
9. 7	The name and usual business addresses of the managing members or managers are as follows:
	KATHLEEN HALL
	1405 WATERVIEW DR
	DECTONA FC 32738
theju	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in risdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a ation of the certificate under oath of the translator must be submitted.)
11.	Nature of business or purposes to be conducted or promoted in Florida: BUYING AND SEZE-
/	NG COMMERCIAL PROPERTIES; BULK REOS; BUY & HOLD
	Keckleur M/ fall COMMERCIAL PRO
	Signature of a member of an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes
	an affirmation under the penalties of perjury that the facts stated herein are true.)
	[\F] [H] [H] [-[-] [] [] L[[] []

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:			
COMMERCIAL VENTURES GROUP LLC			_
If unavailable, the alternate to be used in the state of Florida is:			
2. The name and the Florida street address of the registered agent and office are: **LATHLEEN HALL**	SECRE	10 SEP	_
HATHLEEN HALL (Name) 1405 WATERVIEW DRIVE Florida Street Address (P.O. Box NOT ACCEPTABLE)	TARY OF STA PASSEE, FLOA	20 AM 10: 42	FILED
DELTOWA FL 32738 City/State/Zip	- 数 部	*2	
Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the appoint agent and agree to act in this capacity. I further agree to comply with the provisions of relating to the proper and complete performance of my duties, and I am familiar with a obligations of my position as registered agent as provided for in Chapter 608, Florida (Signature)	tment as re f all statut and accept	egiste tes	ered

\$ 100.00 Filing Fee for Application

\$ 25.00 \$ 30.00

\$ 5.00

Designation of Registered Agent

Certified Copy (optional)
Certificate of Status (optional)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, 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, **COMMERCIAL VENTURES GROUP**, **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 June 21, 2010, and is in good standing in this state.

STAL OF THE OF

· Lu Me

office on September 8, 2010.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my

ROSS MILLER Secretary of State

Electronic Certificate
Certificate Number: C20100908-2957
You may verify this electronic certificate
online at http://www.nvsos.gov/