

**M11000001864**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.**

(((H11000096551 3)))



H110000965513ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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

From:  
Account Name : NEVADA COMMERCIAL REGISTERED AGENT LLC  
Account Number : 120100000024  
Phone : (775) 589-1000  
Fax Number : (775) 589-1001

**\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

Foreign Limited Liability Company  
Jovon Mattan LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

RECEIVED  
11 APR 13 AM 7:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

APR 13 2011

Electronic Filing Menu

Corporate Filing Menu

Help

EXAMINER

Regards,  
NEVADA COMMERCIAL REGISTERED AGENTS LC  
[filings@NevadaCRA.us](mailto:filings@NevadaCRA.us)  
♻️ Please consider the environment before printing

FILED  
2011 APR 13 AM 8 21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H110000965513

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Jovon Mattan 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:

G. Davis

(Name of Person)

(Firm/Company)

PO Box 6957

(Address)

Stateline, NV 89449-6957

(City/State and Zip Code)

For further information concerning this matter, please call:

G. Davis

(Name of Person)

at (775) 322-5062

(Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

H110000965513

FILED  
2011 APR 13 AM 9:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H 110000965513

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

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Jovon Mattan 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 and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Nevada

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 45-1546662

(FEI number, if applicable)

4. April 7, 2011

(Date of Organization)

5. Perpetual

(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. 297 Kingsbury Grade, Suite 100, Stateline, NV 89449-4470

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

SEGUROS MANAGEMENT LTD.

PO Box CB11148

Nassau, The Bahamas

2011 APR 13 AM 9:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: \_\_\_\_\_

**Management and advertising**

SEGUROS MANAGEMENT LTD., Manager By: Nervis Corporate Management Solutions LLC, its director

By: [Signature]  
Signature of a member or 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.)

G. Davis Authorized Party  
Typed or printed name of signer

H 110000965513

H110000965513

**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:

Jovon Mattan LLC

If name unavailable, the alternate name to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Northwest Registered Agent LLC

(Name)

3111 W. Dr. MLK Blvd., STE 100-B180

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Tampa

FL

33607

City/State/Zip

*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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.*



Dan Keen-Manager

(Signature)

\$ 100.00 Filing Fee for Application  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (optional)  
\$ 5.00 Certificate of Status (optional)

H110000965513

FILED  
2011 APR 13 AM 9:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H110000965513

## 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, **JOVON MATTAN 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 April 7, 2011, 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 April 12, 2011.



ROSS MILLER  
Secretary of State

Electronic Certificate  
Certificate Number: C20110412-2671  
You may verify this electronic certificate  
online at <http://www.nvsos.gov/>

2011 APR 13 AM 8:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

H110000965513