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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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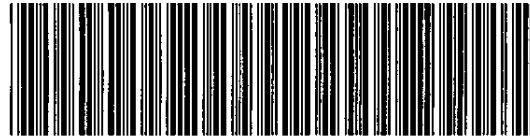
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APPROVAL
AND
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15 JUN - 8 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/1

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Gallivan Real Estate Ventures, 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:

Scott C. Gallivan

Name of Person

Gallivan Real Estate Ventures, LLC

Firm/Company

11844 N Lake Dr

Address

Boynton Beach FL 33436

City/State and Zip Code

sgallivan@integrityhmv.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott C Gallivan

Name of Contact Person

at (**561**)

Area Code

509-0375

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
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

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. **Gallivan Real Estate Ventures, 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. **Virginia**

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

3. **27-2799203**

(FEI number, if applicable)

4. _____

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

5. **11844 N Lake Dr**

Boynton Beach, FL 33436

(Street Address of Principal Office)

6. **11844 N Lake Dr**

Boynton Beach, FL 33436

(Mailing Address)

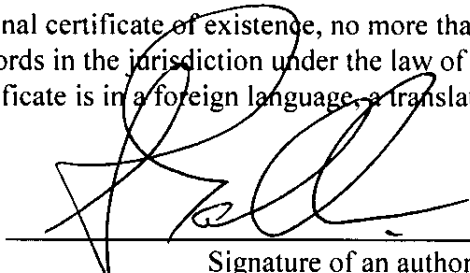
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Scott C. Gallivan, Owner

11844 N Lake Dr

Boynton Beach, FL 33436

8. 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)



Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Scott C. Gallivan

Typed or printed name of signer

15 JUN - 8 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

APPROVED
AND
FILED

15 JUN -8 PM 2:55

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

Gallivan Real Estate Ventures, 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:

Scott C. Gallivan

(Name)

11844 N Lake Dr

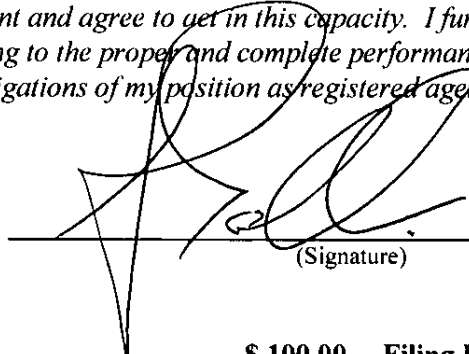
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Boynton Beach

FL 33436

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 605, Florida Statutes.



(Signature)

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

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That GALLIVAN REAL ESTATE VENTURES, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is February 17, 2010; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

APPROVED
AND
FILED

15 JUN - 8 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Signed and Sealed at Richmond on this Date:
September 16, 2014*

Joel H. Peck

Joel H. Peck, Clerk of the Commission

