# M15000008208

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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WH3-67562

### FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

10/13/15

NAME:

ARVILA LLC

TYPE OF FILING: APPLICATION

COST:

125.00 - Already prid for

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 12, 2015

FLORIDA FILING & SEARCH SERVICES, INC ABBIE/PAUL HODGE

SUBJECT: ARVILA LLC

Ref. Number: W15000067562

We have received your document for ARVILA LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

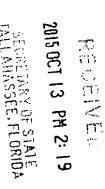
A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 215A00021570



#### **COVER LETTER**

···· •

TO:	Registration Section Division of Corporations
SUBJI	Arvila LLC CT:
	Name of Limited Liability Company
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of e, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please	eturn all correspondence concerning this matter to the following:
	Dr Florian Braich
	Name of Person
	Arvila LLC
	Firm/Company
	9123 N Military Trail, Suite 200
	Address
	Palm Beach Gardens, FL 33410
	City/State and Zip Code
	arvilalle@gmail.com
	E-mail address: (to be used for future annual report notification)
For fur	er information concerning this matter, please call:
	Angela C Braich 561 7925925
	Name of Contact Person Area Code 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
Enclose	is a check for the following amount:  ■ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate  Certificate of Status Certified Copy of Status & Certified Copy

## 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:

Arvila LLC	eign I imited Lighility Company: must inc	lude "Limited Liability Company," "L.L.C.," o	or "I I C ")
(realite of For	eigh Enhance Elability Company, must me	nade Linux Liability Company, L.L.C., U	i ELC. )
f name unavailable, enter a ability Company," "L.L.C,		ransacting business in Florida. The alternate na	me must include "Limited
Nevada		, 26-3743162	
	of which foreign limited liability	(FEI number, if applicable	e)
company is organized)	······································	( at 1222), it upp 2000	•
October 10, 2015			
	(Date first transacted business in (See sections 605,0904 & 605,0905	Florida, if prior to registration.)  F.S. to determine penalty liability)	
9123 N Military Trail			
Palm Beach Gardens, I	FL 33410		
***************************************	(Street Address of Princ	ipal Office)	<del></del>
9123 N Military Trail S	Suite 200		_ 芦 <b>诺</b>
DDC EL 22410			- F.S. 8 - TI
PBG, FL 33410	(Mailing Addre		_ 王 <u>-</u>
	(Maning Addit	<i>558 j</i>	SS.
Name and street address	ss of Florida registered agent: (P.O. B	lox NOT acceptable)	ma a m
Name:	Dr Florian Braich DDS PhD		——————————————————————————————————————
Office Address:	9123 N Military Trail Suite 200		9: 31 STEAL ST STEAL STEAL STEAL STEAL STEAL STEAL STEAL STEAL STEAL STEAL STE
Office Address.	Palm Beach Gardens	, Florida <sup>33410</sup>	Off: -
	(City)	(Zip code)	<del>-</del> -
ignated in this applica complywith the provisi	tion, I hereby accept the appointmen ons of all statutes relative to the prop my position as registered peent	of process for the above stated limited liab t as registered agent and agree to act in the er and complete performance of my dutie agent's signature)	his capacity. I further ag
The name, title or caps	acity and address of the person(s) who	has/have authority to manage is/are:	
Florian Braich DDS Pl	hD, 9123 N Military Trail Suite 200, I	PBG, FL 33410	
ngela C Braich, 9123 N	Military Trail Suite 200, PBG, FL 33	3410	<u></u>
<del></del> ,		***************************************	<del></del>
Attached is a certificate isdiction under the law the translator must be so	of which it is organized. (If the certificularitied)	d, duly authenticated by the official having cate is in a foreign language, a translation of authorized person	g custody of records in the of the certificate under oa
is document is executed	in accordance with section 605.0203	(1) (b), Florida Statutes. I am aware that ar	ny false information
mitted in a document to	-	third degree felony as provided for in s.81	7.155, F.S.
	Dr Florian Braich DDS PhD		

Typed or printed name of signee

SECRETARY OF STATE



# 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, ARVILA, 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 August 1, 2008, 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 October 13, 2015.

BARBARA K. CEGAVSKE Secretary of State

ochora K. Cegarste

Electronic Certificate
Certificate Number: C20151013-0290
You may verify this electronic certificate
online at http://www.nvsos.gov/