

MIL 000000027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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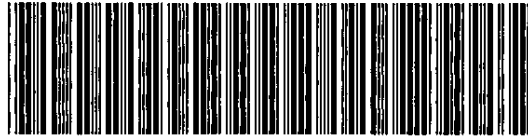
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 04 2016

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 17, 2015

PRAKASH CHAVDA
256-06 HILLSIDE AVE 1ST FLOOR
FLORAL PARK, NY 11004

SUBJECT: JMVE WEST AVENUE LLC
Ref. Number: W15000081077

We have received your document for JMVE WEST AVENUE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 215A00026431

To

Florida Department of State

Sub: JMVD West Avenue LLC - Foreign LLC Registration

Sir/ Madam,

Please find enclosed document for registration of foreign LLC.

We request you to send us all correspondence to following address.

Prakash Chavda, CPA P.C.

256-06 Hillside Avenue

1st floor

Floral Park, NY 11004

P: 718-831-6300

Thank You.

Sanjiv Chand

Enclosures: 1) Application by Foreign LLC

2) Filing Fees \$ 125, Payable to Florida Department of State

3) Certificate of Existence - NY State

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:

1. JMVD WEST AVENUE 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. NEW YORK 3. 81-0728145
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 12/25/2015
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 912 WEST UNIVERSITY AVENUE
GAINESVILLE, FL 32601
(Street Address of Principal Office)

6. 1414 HILLSIDE AVENUE
NEW HYDE PARK, NY 11040
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: SANJIV CHAND
Office Address: 912 WEST UNIVERSITY AVENUE
GAINESVILLE, Florida 32601
(City) (Zip code)

Registered agent's acceptance:

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. 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.

S. Chand
(Registered agent's signature)

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

SANJIV CHAND, Member
912 WEST UNIVERSITY AVENUE
GAINESVILLE, FL 32601

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)

S. Chand
Signature of an authorized person

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.

SANJIV CHAND
Typed or printed name of signee

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JAN - 4 PM 1:06
CLERK OF STATE
TALLAHASSEE, FLORIDA

**State of New York
Department of State } ss:**

I hereby certify, that JMVD WEST AVENUE LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 11/25/2015, and that the Limited Liability Company is existing so far as shown by the records of the Department.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 08th day of December
two thousand and fifteen.*

Anthony Giardina

Anthony Giardina
Executive Deputy Secretary of State

201512090535 * 45

FILED
16 JAN -4 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA