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JUN 2 2 2017 Y SULKER



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 2, 2017

JUSTIN VEROLA 18 HYATT AVE NEWARK, NJ 07105 US

SUBJECT: IBV LLC

Ref. Number: W17000037792

We have received your document for IBV LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer 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: 617A00008620



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

IN COMPLIANCE WITH SECTION (COMPANY TO TRANSACT BUSINES		HE FOLLOWING IS SUB	MITTED TO REGISTI	ER A FOREIGN LIMITEL) LIABILITY
COMI AIVI TO TRAINSACT BOSINES	SINTHE STATE OF FLORIDA:	1/0	hili41	Commo	$\gamma(I)$
Name of Foreign Limite	d Liability Company; must include "L	Limited Liability Company		Ceripor	-14/
THU TO	distrips	5 110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(If name unavailable, enter alternate name ado	pted for the purpose of transacting business	in Florida. The alternate name	must include "Limited Liah	oility Company," "L.L.C," or "LI	
2. NOCTOIKI	V II-	3	26-21	58484	
(Jurisdiction under the law of which fore	ign limited liability company is organized)		(FEI numb	er, if applicable)	
4. 4/25	1+				
(L (S	Date first transacted business in Florida, if pree sections 605.0904 & 605.0905, F.S. to d	rior to registration.) letermine penalty liability)	11. 0.11	Λ \sim	
5. 166+ WCCH (Street Address of Principal	is edge or	6. <u>18</u>	HY OCH	- AUC	
I DOUGHT	stand Fl		CA YOU	K NT	•
32002			7)	1100	_
					<u> </u>
7. Name and street address of F	lorida registered agent: (P.O.	Box NOT acceptable	e)		•
Name:	JIXIIN)	UFROY #	}		
	667 100	co tolco	NO NO		
Office Address:	DOF WATE	DEGAE .	.00	N/N/O	
+-1	reming is	<u>lancl</u> ,	Florida	<u>CU3</u>	
Registered agent's acceptance			(Zip code		
Having been named as register	ed agent and to accept service	e of process for the al	bove stated limited	liability company at to	he place
designated in this application, I to comply with the provisions o	nereby accept the appointme f all statutes relative to the pr	ent as registered agen oper and complete pe	t and agree to act : erformance of my (in this capecity. Is the duties, and American	ther agree iar with
and accept the obligations of m	y position as/registered agent			3SS A	-
	1.1			mc 🏲	
	(Registered as	gent's signature)		- FELC	
8. The name, title or capacity a		no has/have authority	to manage is/are:	RA €	ACT.
Title or Capacity:	Name and Address:	Title or Ca	pacity:	Name and Address	<u>::</u>
Curer	Turkin Ven	<u> </u>			** ···
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(Use attachments if necessary)		•			
	S-t 00 1	11 11 4 4	11 1 0 11		
9. Attached is a certificate of ex jurisdiction under the law of wh	ich it is organized. (If the certi	oid, duly authenticate ficate is in a foreign la	d by the official ha anguage, a translati	ving custody of record ion of the certificate ur	s in the
of the translator must be submitt	ed)		5 5 ,		
	Sig	nature of an authorized person		,	
10. This document is executed in	accordance with section 605.	0203 (1) (b), Florida	Statutes. I am awar	e that any false informa	ation
submitted in a document to the I	Department of State constitutes	a third degree felouty	as provided for in	s.817.155, F.S.	
		- LOVO	<u></u>		

Typed or printed name of signee

Common brealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That IBV, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is March 4, 2008; 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.



Signed and Sealed at Richmond on this Date: April 27, 2017

Joel H. Peck, Clerk of the Commission

CISECOM

Document Control Number: 1704276226