M17000005344

| (Requestor's Name) | | | | | | | |
|---|----------------|-------------|--|--|--|--|--|
| (Address) | | | | | | | |
| (Ad | dress) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | | |
| (Business Entity Name) | | | | | | | |
| (Document Number) | | | | | | | |
| Certified Copies | _ Certificates | s of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
| <u>.</u> | | | | | | | |
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Office Use Only



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DIVISION OF CORFGRATIONS

O SIMMONS Jun 2 3 2017

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | ECT: MAV Properties, LLC | | | | | | | |
| SUBJ | Name of Limited Liability Company | | | | | | | |
| The er Existe | nclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of nice, 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: | | | | | | | |
| | Carl D. Vegas | | | | | | | |
| Name of Person | | | | | | | | |
| | MAV Properties, LLC | | | | | | | |
| | Firm/Company | | | | | | | |
| 8746 SE Northern Heights Ct | | | | | | | | |
| | Address | | | | | | | |
| Happy Valley, OR 97086 | | | | | | | | |
| City/State and Zip Code | | | | | | | | |
| | cdvegas2000@hotmail.com | | | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | | | | |
| For fu | orther information concerning this matter, please call: | | | | | | | |
| | Carl D. Vegas 550-6536 | | | | | | | |
| | Name of Contact Person Area Code Daytime Telephone Number | | | | | | | |
| | MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of Corporations | | | | | | | |
| | Registration Section Registration Section P.O. Box 6327 Clifton Building | | | | | | | |
| | Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 | | | | | | | |
| Enclo | sed 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 HABILITY COMPANY TO TRANSACT RUSINESS IN THE STATE OF FLORIDA:

| | ed Liability Company; must include "Lim S PROPERTIES. L | nited Liabili | ty Company," "L.L.C.," or "LLC.") | |
|--|--|-------------------------|--|---|
| | opted for the purpose of transacting business in | Florida The | alternate name must include "Limited Lia | bility Company,","L'L.C," or, 'ELC,") |
| 2. Oregon | | 3 | 82-1370170 | |
| (Jurisdiction under the law of which for | eign limited liability company is organized) | | (FEI num | per, if applicable) |
| 4. NIA. | | | ~ ~ | |
| | Date first transacted business in Florida, if prior See sections 605:0904 & 605:0905, F.S. to dete | r to registration | on.) y liability) | |
| 5 8746 SE Northern Heigh | nts Ct | 6 | 8746 SE Northern Heig | hts Ct |
| (Street Address of Principal Office) | | O. | (Mailing Add | ress) |
| Happy Valley, OR 97086 | | Happy Valley, OR 97086 | | |
| | | | | |
| | | | | 15 7 |
| 7. Name and street address of | Florida registered agent: (P.O. B | ox (<u>NOT</u> | acceptable) | 2 % = |
| Name: | Ana Maria V | legas | · | FILE DAY 2: 35 AT JUN 21 PM 2: 35 ANNISION OF CURRUS ANIONS ANISION OF CURRUS ANIONS ANISION OF CURRUS ANIONS |
| | 72/0 0 4 1 | | ^ | 是是 |
| Office Address: | 7260 Penkridge Windermere | CHEST | <u>-</u> | S. S. S. |
| | Windermere | | Florida <u>347</u> | <u>86</u> |
| Registered agent's acceptance | (City) | | (Zip cod | E |
| to comply with the provisions of | I hereby accept the appointmen of all statutes relative to the prop ny position as registered agent. Registered gen | per and c | omplete performance of my | |
| | (Kegisterooyige | n s signature | 2 | |
| 8. The name, title or capacity <u>Title or Capacity:</u> | and address of the person(s) who Name and Address: | | e authority to manage is/are: Fitle or Capacity: | Name and Address: |
| Manager/Member | Carl D. Vegas | | | |
| , | 8746 SE Northern Heights Ct | | | |
| | Happy Valley, OR 97086 | | | |
| Manager/Member | Arahi L. Vegas | | | |
| Managenmeniber | 8746 SE Northern Heights Ct | | | |
| | Happy Valley, OR 97086 | | | |
| (Use attachments if necessary) | | | | |
| | (Nd l | cate is in | | |
| | Seminal Trapleton | | and the same of th | |
| 10. This document is executed submitted in a document to the | in accordance with section 605.0. Department of State constitutes a | 203 (1) (1 third deg | b), Florida Statutes. I am awa gree felony as provided for in | re that any false information s.817,155, F.S. |

Typed or printed name of signee

Carl D. Vegas

State of Oregon

OFFICE OF THE SECRETARY OF STATE Corporation Division

Certificate of Existence 704D727U5

I, DENNIS RICHARDSON, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

MAV PROPERTIES, LLC

is

Organized

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

Sennes Juhardson

DENNIS RICHARDSON, SECRETARY OF STATE

6/1/2017