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8/17/17

NAME: LW RIVERVIEW, LLC

TYPE OF FILING: APPLICATION

COST:

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RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

assie Hodge

COVER LETTER

	LW RIVERVIEW, LLC			
SUBJECT:	Name of Limited Liability Company			
The enclosed Existence, ar	f "Application by Foreign Limited Liability Con ad check are submitted to register the above refe	mpany for Authorization to Transact Business in Florida," Certificate of erenced foreign limited liability company to transact business in Florida		
Please return	all correspondence concerning this matter to the	ne following:		
	MATTHEW WOLF, ESQ.			
		Name of Person		
	WOLF, RIFKIN, SHAPIRO, SCHULMA	AN & RABKIN, LLP		
	Firm/Company			
	11400 W. OLYMPIC BOULEVARD, 9TH FLOOR			
		Address		
	LOS ANGELES, CA 90064			
	City	/State and Zip Code		
	SFIRTEL@OROCAP.COM			
	E-mail address: (to be u	sed for future annual report notification)		
For further in	nformation concerning this matter, please call:			
MA	ATTHEW WOLF, ESQ.	310 478-4100 at ()		
_	Name of Contact Person	Area Code Daytime Telephone Number		
Div Reg P.O	AILING ADDRESS: ision of Corporations gistration Section b. Box 6327 lahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
	a check for the following amount: \$125.00 Filing Fee \$\square \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate 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: LW RIVERVIEW, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") [If name unaveilable, enter alternate name adopted for the purpose of transecting business in Florida. The elements name must include "Limited Liability Company," "LLC," or "LLC.") (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) FILED
THE 17 H 9: 10 6. 11766 WILSHIRE BLVD., SUITE 325 5. 301 CARAVAN CIRCLE (Street Address of Principal Office) (Mailing Address) LOS ANGELES, CA 90025 JACKSONVILLE, FLORIDA 32216 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) PARACORP INCORPORATED Name: Office Address: 155 Office Plaza Drive, 1st Floor TALLAHASSEE (CIN) (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. I 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. Please see the attached (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: MANAGER ORO MANAGER III 3556 E RUSSEL ROAD, 2ND FL VEGAS, NV 89120 (Use attachments if necessary) 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) 10. 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.

LOVIZED PCLOUM

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 08/16/2017

ENTITY NAME: LW Riverview, LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Milton Vong Assistant Secretary

Paracorp Incorporated

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LW RIVERVIEW, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE SECOND DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LW RIVERVIEW, LLC" WAS FORMED ON THE FIRST DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202992534

Date: 08-02-17

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