

1718000010647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

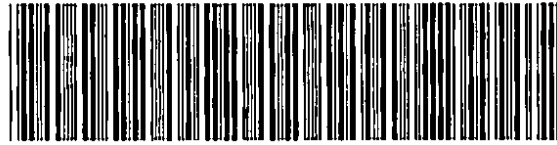
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/06/18--01017--025 **125.00

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18 NOV -6 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BL VORISEK
NOV 29 2018

CV RES Fund I LLC

November 2, 2018

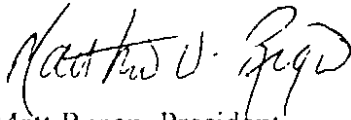
Florida Division of Corporations
Registration Division
PO Box 6327
Tallahassee, FL 32314

To whom it may concern,

CV RES Fund I LLC inadvertently cfiled as a Florida LLC on October 19, 2019. This letter is to authorize CV RES Fund I LLC to use this name as a Foreign LLC operating in the state of Florida.

Please contact me if there are any questions or need of additional information in order to process and approve the attached Application by Foreign LLC for Authorization to Transact Business in Florida.

Sincerely,
CV RES Fund I LLC
By ClearVue Real Estate Services LLC, its Manager



Matt Regan, President
mregan@clearvueres.com

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CV RES Fund LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, 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:

Matt Regan

Name of Person

ClearVue Real Estate Services

Firm/Company

895 Dove Street, Suite 125

Address

Newport Beach, CA 92660

City/State and Zip Code

mregan@clearvues.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matt Regan

949

296-3284

at (_____)

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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee & Certificate of Status

☐ \$155.00 Filing Fee & Certified Copy

☐ \$160.00 Filing Fee, Certificate 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:

1. CV RES Fund I LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

CV RES Fund I FL LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. CA 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4. 11/02/18
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 895 Dove Street, Suite 125 6. SABDC
(Street Address of Principal Office) (Mailing Address)
Newport Beach, CA 92660

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

Name: Registered Agent Solutions, Inc.

Office Address: 155 Office Plaza Drive, Suite A
Tallahassee, Florida 32301
(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. 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.

Adam J. Saldana Adam Saldana, Asst. Sec.
(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:
Pres	Matt Regan 895 Dove Street #125 Newport Beach, CA 92660		

(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.

Matt Regan
(Signature of an authorized person)

Matt Regan

Typed or printed name of signer

FILED
18 NOV -6 AM 10:07
RECEIVED OF STATE
TALLAHASSEE, FLORIDA

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: CV RES FUND I LLC

FILE NUMBER: 201820510629
FORMATION DATE: 07/19/2018
TYPE: DOMESTIC LIMITED LIABILITY COMPANY
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal
of the State of California this day of
October 17, 2018.

ALEX PADILLA
Secretary of State

JMC