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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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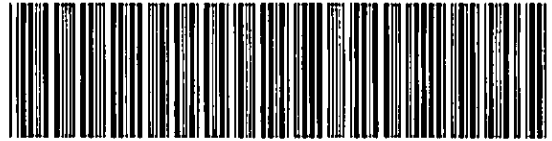
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DICKINSON WRIGHT PLLC

4800 FASHION SQUARE BLVD., SUITE 300
SAGINAW, MI 48604-2603
TELEPHONE (989) 791-1646
FACSIMILE (844) 670-6009
<http://www.dickinsonwright.com>

DEBORAH R. MOCNY, CLU
DMocny@dickinsonwright.com
(989) 791-4642

February 25, 2021

Via Federal Express #7841 1447 1050

State of Florida
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe St., Suite 810
Tallahassee, FL 32303

Re: SVJ Luxury Senior Living I LLC

Dear Sir/Madam:

Enclosed please find an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for SVJ Luxury Senior Living I LLC. Also enclosed please find a check in the Amount of \$130 to cover the filing fee and the issuance of a Certificate of Status and a Certificate of Status issued by the State of Wyoming regarding the existence and status of the foreign LLC.

Please process this application in your usual manner. I ask that you please return your Certificate of status to me in the Federal Express Envelope which I have provided.

Respectfully,


Deborah R. Mocny, CLU

drm
enclosures
c: Vinrod Chopra

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ARIZONA CALIFORNIA FLORIDA KENTUCKY MICHIGAN
NEVADA OHIO TENNESSEE TEXAS TORONTO WASHINGTON DC

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SVJ Luxury Senior Living I, 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:

Deborah R. Moeny, CLA

Name of Person

Dickinson Wright PLLC

Firm/Company

4800 Fashion Square Blvd., Suite 300

Address

Saginaw, MI 48604

City/State and Zip Code

dmoeny@dickinsonwright.com

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

For further information concerning this matter, please call:

Deborah R. Moeny, CLA

989

7914642

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certif
of Status & Certified C

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. SVJ Luxury Senior Living I, 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. Wyoming
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

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

5. 2515 Liberty Park Drive #1403
(Street Address of Principal Office)

6. Same
(Mailing Address)

Cape Coral, FL 33909

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

Name: Vinrod Chopra

Office Address: 2515 Liberty Park Drive #1403

Cape Coral, Florida 33909
(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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am and accept the obligations of my position as registered agent.

Vinrod Chopra (Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
xxManager	SVJ Luxury Senior Living Name: <u>I Manager, LIX</u> a Wyoming limited liability Company	Manager	Name: _____
xxMember	Address: <u>45 Pheasant Run Terrace</u>	Member	Address: _____
<input type="checkbox"/> Authorized Person	Danville, CA 94506 By: <u>Moniel Investment Group, LLC - Its Manager</u> By: <u>Vinrod Chopra, Managing Member</u>	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Not indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate and 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.

By Vinrod Chopra, Managing Member

Signature of an authorized person

By: Moniel Invest Group, L.L.C. a Texas Limited Liability Company, Manager

Typed or printed name of signer

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,


SVJ Luxury Senior Living I, LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **February 28, 2020**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2020-000903117**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 25th day of February, 2021 at 11:33 AM. This certificate is assigned ID Number 042582326.




Secretary of State