

W210000007747

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05/21/21--01003--001 \*\*72.50

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2021 JUN 22 PM 2:02

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Handwritten signature



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 15, 2021

JUAN CARLOS VARGAS  
7505G CALDERON COURT  
ALEXANDRIA, VA 22306

SUBJECT: MAIVR LLC  
Ref. Number: W21000067410

We have received your document for MAIVR LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN CORP, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

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.

Yvette Scott  
Document Specialist II

Letter Number: 221A00010242

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JUN 14 2021

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Maivr 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:

Juan Vargas  
Name of Person

Maivr LLC  
Firm/Company

7505 Calderon Court Unit 6  
Address

Alexandria, VA 22306  
City/State and Zip Code

jcvargas@maivr.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juan Vargas at 949 320 3778  
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, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 065.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Maivir ~~LLC~~ 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. Virginia  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 86-3250844  
(FEI number, if applicable)

4. April 14, 2021  
(Date first transacted business in Florida, if prior to registration)  
(See sections 065.0904 & 065.0905, F.S. to determine penalty liability)

5. "7505 Calleron Court"  
(Street Address of Principal Office)

6. CC  
(Mailing Address)

Unit 6

Alexandria, VA 22306

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


Name: Rigoberto Forest Hernandez

Office Address: 7302 Lumber Port Dr.

Ruskin, Florida 33573  
(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.

  
(Registered agent's signature)

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CLERK OF DISTRICT COURT  
STATE OF FLORIDA

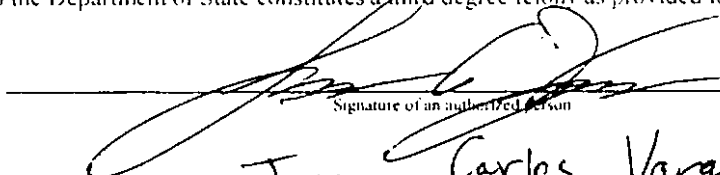
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	<u>Rigoberto Hernandez</u>	<input checked="" type="checkbox"/> Manager	Name:	<u>Juan Carlos Vargas</u>		
<input type="checkbox"/> Member	Address:	<u>7302 Lumber Port Dr.</u>	<input type="checkbox"/> Member	Address:	<u>7505 Calderon Court</u>		
<input type="checkbox"/> Authorized		<u>Ruskin, FL 33573</u>	<input type="checkbox"/> Authorized		<u>Unit G, Alexandria, VA 22</u>		
Person			Person				
<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			<input type="checkbox"/> Authorized				
Person			Person				
<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			<input type="checkbox"/> Authorized				
Person			Person				
<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			<input type="checkbox"/> Authorized				
Person			Person				
<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. Non-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 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.

  
Signature of an authorized person  
Juan Carlos Vargas  
Typed or printed name of signee

# Commonwealth of Virginia



## State Corporation Commission

### CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

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

That the limited liability company was formed on April 14, 2021; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

That the limited liability company is current in the payment of all registration fees assessed against it by the Commission pursuant to the Virginia Limited Liability Company Act as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

April 14, 2021

A handwritten signature in cursive script, reading "Bernard J. Logan".

Bernard J. Logan, Clerk of the Commission

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