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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

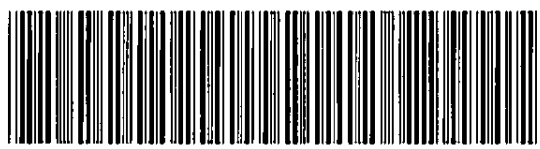
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/12/24--01002--016 **130.00

RECEIVED

MAR 11 2024

2024/03/15 PM 3:43

SR



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 25, 2024

RYAN GIUBERT
2112 BIA TECA
SAN CLEMENTE, CA 92673 US

SUBJECT: MRJ PROPERTY VENTURES LLC
Ref. Number: W24000047736

We have received your document for MRJ PROPERTY VENTURES LLC and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

STANTON H ROBERTS
Regulatory Specialist III

RECEIVED

Letter Number: 124A00006401

APR 15 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MRS PROPERTY VENTURES LLC
Name of Limited Liability Company

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:

RYAN GILBERT
Name of Person
MRS PROPERTY VENTURES LLC
Firm/Company
2112 VIA TECA
Address
SAN CLEMENTE, CA 92673
City/State and Zip Code
RGILBERT1430@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RYAN GILBERT at (310) 400-9231
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

2024 APR 15 PM 3:43

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

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:

MRTJ PROPERTY VENTURES, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

WYOMING

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(FEI number, if applicable)

03/05/2024

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

2112 VIA TECA SAN CLEMENTE, CA 92673

(Registered Address of Principal Office)

6.

(SAME AS PRINCIPAL OFFICE)

(Mailing Address)

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

Name:

SUMMIT CREST FINANCIAL, LLC

Office Address:

13379 MCGREGOR BLVD SUITE 2

FORT MYERS, FL

(City)

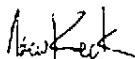
, Florida

33919

(Zip code)

Registered agent's acceptance:

I, 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)

For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to page [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>RYAN GILBERT</u>	<input checked="" type="checkbox"/> Manager	Name: <u>KITIE GILBERT</u>
Member	Address: <u>2112 VIA TECA SAN CLEMENTE, CA 92673</u>	<input type="checkbox"/> Member	Address: <u>2112 VIA TECA SAN CLEMENTE, CA 92673</u>
Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
Member	Address: _____	<input type="checkbox"/> Member	Address: _____
Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
Member	Address: _____	<input type="checkbox"/> Member	Address: _____
Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
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. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

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

RYAN GILBERT

Typed or printed name of signer

STATE OF WYOMING
Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

MRJ PROPERTY VENTURES, LLC

is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **April 22, 2022**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2022-001106762**.

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 26th day of February, 2024 at 8:35 AM. This certificate is assigned ID Number 070302217.



A handwritten signature in cursive script that reads 'Chuck Gray'.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <https://wyobiz.wyo.gov> and following the instructions displayed under Validate Certificate.