8/20/24, 1:12 PM Division of Corporations

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : INCORP SERVICES INC
Account Number : I20120000007
Phone : (702)866-2500
Fax Number : (702)900-2290

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TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Documents@incorp.com

Foreign Limited Liability Company
629 SE Riviera Dr LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	$155.00

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K. SALY

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 629 SE Riviera Dr 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:

Kiana Fernandez
Name of Person

InCorp Services, Inc.
Firm/Company

9107 West Russell Road Suite 100
Address

Las Vegas, NV 89148-1233
City/State and Zip Code

Documents@incorp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kiana Fernandez on behalf of InCorp Services, Inc. at 702 866-2500
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

(H24000279403)

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:

1 629 SE Riviera Dr 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 laws of which the foreign limited liability company is organized.)

3 _____
(Document number, if known.)

4 8/1/2024
(Date first transacted business in Florida, if prior to registration.)
See sections 605.0904 & 605.0905, F.S. to determine penalty, if any.)

5 155 Rolando Ct
Ponte Vedra Beach, FL 32082
(Street address of principal office)

6 155 Rolando Ct
Ponte Vedra Beach, FL 32082
(Mailing address)

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TALLAHASSEE, FLORIDA

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

Name: InCorp Services, Inc.

Office Address: 3458 Lakeshore Drive

Tallahassee, Florida 32312
(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.

Louise Breytenbach on behalf of InCorp Services, Inc
(Registered agent's signature)

(H24000279403)

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)

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■ Manager	Name LGMB Luxury Homes LLC	☐ Manager	Name
☐ Member	Address	☐ Member	Address
☐ Authorized	155 Rolando Ct	☐ Authorized	
Person	Ponte Vedra Beach, FL 32082	Person	
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name	☐ Manager	Name
☐ Member	Address	☐ Member	Address
☐ Authorized		☐ Authorized	
Person		Person	
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name	☐ Manager	Name
☐ Member	Address	☐ Member	Address
☐ Authorized		☐ Authorized	
Person		Person	
☐ Other	☐ Other	☐ Other	☐ Other

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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 605.0205 (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.

Abby Broyles

Signature of an authorized person

Abby Broyles

Typed or printed name of signer

(H24000279403)

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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,

629 SE Riviera Dr LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **May 30, 2024**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2024-001466219**.

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 20th day of August, 2024 at 2:04 PM. This certificate is assigned ID Number 075488235.

Chuck Gray

Secretary of State

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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