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State Department of State
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**Foreign Limited Liability Company
JVAG ENTERPRISE LLC**

Certificate of Status	1
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Page Count	04
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STATE OF FLORIDA

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

(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. NEW MEXICO BERNALILLO COUNTY 3. 99-3111100
(Jurisdiction under the law of which foreign limited liability company is organized) (File number, if applicable)

4. June 28, 2024
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0903, F.S. to determine penalty liability)

5. 12704 PIRU BLVD SE
(Street Address of Principal Office)

6. SAME
(Mailing Address)

ABQ NM 87123

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


Name: RAQUEL GARCIA

Office Address: 740 TOWER DR

CAPE CORAL Florida 33904
(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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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>ARACELI PENA</u>	<input checked="" type="checkbox"/> Manager	Name: <u>VICTOR PENA</u>
<input type="checkbox"/> Member	Address: <u>12704 PIRU BLVD SE</u>	<input type="checkbox"/> Member	Address: <u>12704 PIRU BLVD</u>
<input type="checkbox"/> Authorized	<u>ABQ NM 87123</u>	<input type="checkbox"/> Authorized	<u>SE ABQ NM</u>
Person		Person	<u>87123</u>
<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name: <u>JULIO C REYES</u>	<input type="checkbox"/> Manager	Name: <u>GREYER DIAZ</u>
<input checked="" type="checkbox"/> Member	Address: <u>1100 INDIANA ST</u>	<input checked="" type="checkbox"/> Member	Address: <u>1100 INDIANA ST</u>
<input type="checkbox"/> Authorized	<u>NE ABQ NM 87110</u>	<input type="checkbox"/> Authorized	<u>NE ABQ NM 87110</u>
Person		Person	
<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name: <u>YOSELINE PENA</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>12704 PIRU BLVD</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>SE ABQ NM</u>	<input type="checkbox"/> Authorized	_____
Person	<u>87123</u>	Person	_____
<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.

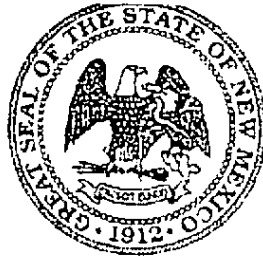
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must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

Victor PENA

Typed or printed name of signer



STATE OF NEW MEXICO

MAGGIE TOULOUSE OLIVER

SECRETARY OF STATE

Certificate of Good Standing and Compliance

IT IS HEREBY CERTIFIED THAT:

JVAG ENTERPRISE LLC

7675712

the above named entity, a Company organized under the laws of New Mexico, is duly authorized to transact business in New Mexico as a Domestic Limited Liability Company, under the

Limited Liability Company Act

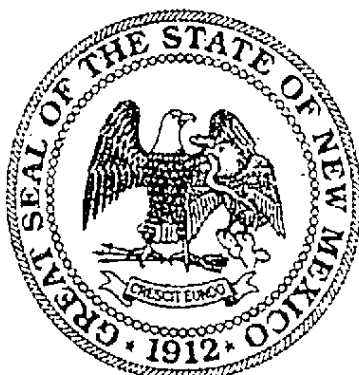
53-19-1 to 53-19-74 NMSA 1978

having filed its Articles of Organization on May 11, 2024, and Certificate of Organization issued as of said date.

It is further certified that the fees due to the Office of the Secretary of State which have been assessed against the above named entity have been paid to date and the entity is in good standing and duly authorized to transact business as its existence has not been revoked in New Mexico. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

Certificate Issued: June 7, 2024

In testimony whereof, the Office of the Secretary of State has caused this certificate to be signed on this day in the City of Santa Fe, and the seal of said office to be affixed hereto.



Maggie Toulouse Oliver

Maggie Toulouse Oliver
Secretary of State

Certificate Validation #: 0090920

A certificate issued electronically from the New Mexico Secretary of State's office is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Validation option on the Business Filing System at <https://portal.sos.state.nm.us/bfs/online> and following the instructions displayed under Certificate Validation.