

M25060000818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

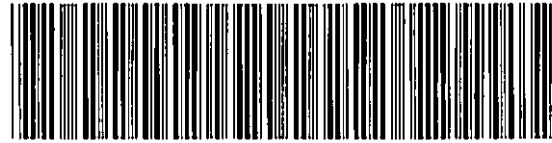
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2024 DEC 27 AM 11:18
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LV Maxim Group 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:

Clifford Lesane

Name of Person

LV Maxim Group LLC

Firm/Company

159 Crocker Park Blvd. Suite 400

Address

Westlake, OH 44145

City/State and Zip Code

cliff.lesane@gmail.com

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

For further information concerning this matter, please call:

Clifford Lesane

216

849-8762

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, Certificate
of Status & Certified Copy

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. LV Maxim Group LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

LV Maxim 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. New Mexico 3. 33-2118947
(Jurisdiction under the law of which foreign limited liability company is organized) (F.T.I. number, if applicable)

4. 01/03/2025
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5203 JUAN TABO BLVD NE 6. 5203 JUAN TABO BLVD NE
(Street Address of Principal Office) (Mailing Address)

Suite 2B Suite 2B

ALBUQUERQUE, NM 87111 ALBUQUERQUE, NM 87111

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

Name: Registered Agents Inc.
Office Address: 7901 4th St. N STE 300
St. Petersburg, Florida 33702
(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.

David Roberts

(Registered agent's signature)

2024 DEC 27 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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:**

☐ Manager Name: Clifford Lesane

☐ Member Address: 60 Fox Hollow Ln.

☐ Authorized Brunswick, OH 44212

Person _____

☒ Other Managing Partner ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: Rodney Henson

☐ Member Address: 3824 Cedar Springs Rd #801-58

☐ Authorized Dallas, TX 75219

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____


Person _____

☐ Other _____ ☐ 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

Clifford Lesane

Typed or printed name of signee



1396



STATE OF NEW MEXICO

Secretary of State

325 Don Gaspar, Suite 300
Santa Fe, New Mexico 87501

CERTIFICATE OF STATUS

Non-Profit \$10.00, Profit \$50.00, LLC \$25.00

New Mexico Secretary of State

-FILED-

File #: 1396

Date Filed: 12/24/2024

Requestor Information

Requester Name	Clifford Lesane
Requestor Phone Number	(216) 849-8762
Requestor Email	cliff.lesane@gmail.com
Requester Address	60 FOX HOLLOW LN. BRUNSWICK, OH 44212

Entity Information

Business Name	LV Maxim Group LLC
Business ID	7924461
Business Status	Active
Business Type	Domestic Limited Liability Company

C0505-4605 12/24/2024 8:35 AM Received by New Mexico Secretary of State

STATE OF NEW MEXICO
OFFICE OF THE SECRETARY OF STATE

Certificate of Status

*The undersigned Secretary of State for the State of New Mexico
does hereby confirm that the entity is registered with the below
status in the state of New Mexico*

LV Maxim Group LLC
Domestic Limited Liability Company
New Mexico
Active

December 24, 2024

Maggie Toulouse Oliver
MAGGIE TOULOUSE OLIVER
Secretary of State