



**Wyoming Secretary of State**  
Herschler Bldg East, Ste.100 & 101  
Cheyenne, WY 82002-0020  
Ph. 307-777-7311

For Office Use Only  
**WY Secretary of State**  
**FILED: Jun 27 2023 2:41 PM**  
**Original ID: 2023-001291324**

## Limited Liability Company Articles of Organization

- I. The name of the limited liability company is:**  
3 Keys Communities, LLC
  
- II. The name and physical address of the registered agent of the limited liability company is:**  
Corporate Direct, Inc.  
172 Center St Ste 202  
PO Box 2869  
Jackson, WY 83001
  
- III. The mailing address of the limited liability company is:**  
7385 S Pecos Rd.  
Las Vegas, NV 89120
  
- IV. The principal office address of the limited liability company is:**  
172 Center Street  
Suite 202  
PO Box 2869  
Jackson, WY 83001
  
- V. The organizer of the limited liability company is:**  
Mauricio Rauld  
1810 S El Camino Real, Suite E, San Clemente, CA 92672

**Signature:** *Mauricio Rauld* Date: **06/27/2023**

**Print Name:** **Mauricio Rauld**

**Title:** **Organizer**

**Email:** **cs@plglp.com**

**Daytime Phone #:** **(949) 258-2339**

STATE OF WYOMING  
Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that the filing requirements for the issuance of this certificate have been fulfilled.

CERTIFICATE OF ORGANIZATION

3 Keys Communities, LLC

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this 27th day of June, 2023 at 2:41 PM.



Remainder intentionally left blank.



Filed Date: 06/27/2023

Secretary of State

Filed Online By:

Mauricio Rauld

on 06/27/2023

**FRANCISCO V. AGUILAR**  
Secretary of State

**GABRIEL DI CHIARA**  
Chief Deputy

**STATE OF NEVADA**



**OFFICE OF THE  
SECRETARY OF STATE**

*Commercial Recordings & Notary Division*  
202 N. Carson Street  
Carson City, NV 89701  
Telephone (775) 684-5708  
Fax (775) 684-7138  
North Las Vegas City Hall  
2250 Las Vegas Blvd North, Suite 400  
North Las Vegas, NV 89030  
Telephone (702) 486-2880  
Fax (702) 486-2888

Mauricio Rauld  
5020 Campus Drive Suite 747  
Newport Beach, CA 92660, USA

**Work Order #:** W2023080101799  
August 1, 2023  
Receipt Version: 1

**Special Handling Instructions:**

**Submitter ID:** 420397

**Charges**

Description	Fee Description	Filing Number	Filing Date/Time	Filing Status	Qty	Price	Amount
Registration – Foreign LLC	Fees	20233387235	8/1/2023 3:37:14 PM	InternalReview	1	\$75.00	\$75.00
Initial List	Fees	20233387237	8/1/2023 3:37:14 PM	InternalReview	1	\$150.00	\$150.00
Initial List	Business License Fee	20233387237	8/1/2023 3:37:14 PM	InternalReview	1	\$200.00	\$200.00
Total							\$425.00

**Payments**

Type	Description	Payment Status	Amount
Credit Card	6909294389316864403063	Success	\$425.00
Credit Card	Service Fee	Success	\$10.63
Total			\$435.63

**Credit Balance:** \$0.00

Mauricio Rauld  
5020 Campus Drive Suite 747  
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**FRANCISCO V. AGUILAR**  
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Description	Fee Description	Filing Number	Filing Date/Time	Filing Status	Qty	Price	Amount
Registration – Foreign LLC	Fees	20233387235	8/1/2023 3:37:14 PM	InternalReview	1	\$75.00	\$75.00
Initial List	Fees	20233387237	8/1/2023 3:37:14 PM	InternalReview	1	\$150.00	\$150.00
Initial List	Business License Fee	20233387237	8/1/2023 3:37:14 PM	InternalReview	1	\$200.00	\$200.00
Total							\$425.00

**Payments**

Type	Description	Payment Status	Amount
Credit Card	6909294389316864403063	Success	\$425.00
Credit Card	Service Fee	Success	\$10.63
Total			\$435.63

**Credit Balance:** \$0.00

Mauricio Rauld  
5020 Campus Drive Suite 747  
Newport Beach, CA 92660, USA

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Secretary of State

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**GABRIEL DI CHIARA**  
Chief Deputy

**Business Entity - Filing Acknowledgement**

08/01/2023

**Work Order Item Number:** W2023080101799 - 3064287  
**Filing Number:** 20233387237  
**Filing Type:** Initial List  
**Filing Date/Time:** 08/01/2023 15:37:14 PM  
**Filing Page(s):** 2

**Indexed Entity Information:**

**Entity ID:** E33872362023-6  
**Entity Status:** Active

**Entity Name:** 3 Keys Communities LLC  
**Expiration Date:** None

Commercial Registered Agent  
CORPORATE DIRECT, INC.  
2248 MERIDIAN BLVD STE H, Minden, NV 89423, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

A handwritten signature in black ink that reads "FV Aguilar".

FRANCISCO V. AGUILAR  
Secretary of State

**FRANCISCO V. AGUILAR**  
Secretary of State

**GABRIEL DI CHIARA**  
Chief Deputy

**STATE OF NEVADA**



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Fax (702) 486-2888

**Business Entity - Filing Acknowledgement**

08/01/2023

**Work Order Item Number:** W2023080101799 - 3064286  
**Filing Number:** 20233387235  
**Filing Type:** Registration – Foreign LLC  
**Filing Date/Time:** 08/01/2023 15:37:14 PM  
**Filing Page(s):** 2

**Indexed Entity Information:**

**Entity ID:** E33872362023-6  
**Entity Status:** Active

**Entity Name:** 3 Keys Communities LLC  
**Expiration Date:** None

Commercial Registered Agent  
CORPORATE DIRECT, INC.  
2248 MERIDIAN BLVD STE H, Minden, NV 89423, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

A handwritten signature in black ink that reads "FV Aguilar".

FRANCISCO V. AGUILAR  
Secretary of State



**FRANCISCO V. AGUILAR**  
 Secretary of State  
 202 North Carson Street  
 Carson City, Nevada 89701-4201  
 (775) 684-5708  
 Website: [www.nvsos.gov](http://www.nvsos.gov)  
[www.nvsilverflume.gov](http://www.nvsilverflume.gov)

# Initial List and State Business License Application

## Initial List Of Officers, Managers, Members, General Partners, Managing Partners, or Trustees:

**3 Keys Communities LLC**

NAME OF ENTITY

**TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT**

**IMPORTANT:** Read instructions before completing and returning this form.

Please indicate the entity type (check only one):

- Corporation
  - This corporation is publicly traded, the Central Index Key number is:
- Nonprofit Corporation (see nonprofit sections below)
- Limited-Liability Company
- Limited Partnership
- Limited-Liability Partnership
- Limited-Liability Limited Partnership (if formed at the same time as the Limited Partnership)
- Business Trust

Filed in the Office of  Secretary of State State Of Nevada	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Business Number</td> <td>E33872362023-6</td> </tr> <tr> <td>Filing Number</td> <td>20233387237</td> </tr> <tr> <td>Filed On</td> <td>08/01/2023 15:37:14 PM</td> </tr> <tr> <td>Number of Pages</td> <td>2</td> </tr> </table>	Business Number	E33872362023-6	Filing Number	20233387237	Filed On	08/01/2023 15:37:14 PM	Number of Pages	2
Business Number	E33872362023-6								
Filing Number	20233387237								
Filed On	08/01/2023 15:37:14 PM								
Number of Pages	2								

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

**CHECK ONLY IF APPLICABLE**

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

- 001 - Governmental Entity
- 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

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**For nonprofit entities formed under NRS chapter 80:** entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is \$200.00. Those claiming and exemption under 501(c) designation must indicate by checking box below.

- Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee.  
Exemption Code 002

---

**For nonprofit entities formed under NRS Chapter 81:** entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C § 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit \$200.00 for the state business license.

- Unit-owners' Association
- Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. §501(c)

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**For nonprofit entities formed under NRS Chapter 82 and 80:** Charitable Solicitation Information - check applicable box

Does the Organization intend to solicit charitable or tax deductible contributions?

- No - no additional form is required
- Yes - the \*Charitable Solicitation Registration Statement\* is required.
- The Organization claims exemption pursuant to NRS 82A 210 - the \*Exemption From Charitable Solicitation Registration Statement\* is required

**\*\*Failure to include the required statement form will result in rejection of the filing and could result in late fees.\*\***



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 Secretary of State  
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**Initial List and State  
 Business License  
 Application - Continued**

**Officers, Managers, Members, General Partners, Managing Partners or Trustees:**

CORPORATION, INDICATE THE MANAGER:

<b>3 Keys Communities Manager, LLC</b>		<b>USA</b>	
Name	Country		
<b>PO Box 2869</b>	<b>Jackson</b>	<b>WY</b>	<b>83001</b>
Address	City	State	Zip/Postal Code

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the office of the Secretary of State.

**X** Mauricio Rauld  
**Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Member, Owner of Business, Partner or Authorized Signer** FORM WILL BE RETURNED IF UNSIGNED

<b>Authorized Signer</b>	<b>08/01/2023</b>
Title	Date





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Filed in the Office of <i>FV Aguilar</i>	Business Number E33872362023-6
	Filing Number 20233387235
Secretary of State State Of Nevada	Filed On 08/01/2023 15:37:14 PM
	Number of Pages 2

# Formation - Limited-Liability Company

- |   |  |
|---|--|
| <input type="checkbox"/> NRS 86 - Articles of Organization Limited-Liability Company              | <input checked="" type="checkbox"/> NRS 86.544 - Registration of Foreign Limited-Liability Company   |
| <input type="checkbox"/> NRS 89 - Articles of Organization Professional Limited-Liability Company | <input type="checkbox"/> NRS 86.555 - Registration of Professional Foreign Limited-Liability Company |

<b>1. Name Being Registered in Nevada:</b> (See instructions)	<b>3 Keys Communities LLC</b>
<b>2. Foreign Entity Name:</b> (Name in home jurisdiction)	<b>3 Keys Communities LLC</b>
<b>3. Jurisdiction of Formation:</b> (Foreign Limited-Liability Companies)	<b>3a) Jurisdiction of formation:</b> <input type="text" value="Wyoming, United States"/> <b>3b) Date formed:</b> <input type="text" value="06/27/2023"/> <b>3c) I declare this entity is in good standing in the jurisdiction of its formation.</b> <input checked="" type="checkbox"/>
<b>4. Registered Agent for Service of Process*:</b> (check only one box)	<input checked="" type="checkbox"/> Commercial Registered Agent (name only below) <input type="checkbox"/> Noncommercial Registered Agent (name and address below) <input type="checkbox"/> Office or position with Entity (title and address below) <input type="text" value="CORPORATE DIRECT, INC."/> Name of Registered Agent OR Title of Office or Position with Entity <input type="text" value="2248 MERIDIAN BLVD STE H"/> <input type="text" value="Minden"/> Nevada <input type="text" value="89423"/> Street Address                                  City                                  Zip Code <input type="text"/> <input type="text"/> Nevada <input type="text"/> Mailing Address (If different from street address)    City                                  Zip Code
<b>4a. Certificate of Acceptance of Appointment of Registered Agent:</b>	I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form. <input checked="" type="checkbox"/> <b>Mauricio Rauld</b> <input type="text" value="08/01/2023"/> Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity                                  Date
<b>5. Management:</b> (Domestic Limited-Liability Companies only)	Company shall be managed by: (check one box) <input type="checkbox"/> Manager(s) OR <input type="checkbox"/> Member(s)
<b>6. Name and Address of each Manager(s) or Managing Member(s):</b> (NRS 86 and NRS 86.544, see instructions) <b>Name and Address of the Original Manager(s) and Member(s):</b> ( NRS 89, see instructions) IMPORTANT: A certificate from the regulatory board must be submitted showing that each individual is licensed at the time of filing.	1) <input type="text" value="3 Keys Communities Manager, LLC"/> Name <input type="text" value="PO Box 2869"/> <input type="text" value="Jackson"/> <input type="text" value="WY"/> <input type="text" value="83001"/> Address                                  City                                  State                                  Zip Code
<b>7. Dissolution Date:</b> (Domestic only)	Latest date upon which the company is to dissolve (if existence is not perpetual): <input type="text"/>



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# Formation - Limited-Liability Company

Continued, Page 2

<b>8. Profession to be Practiced:</b> (NRS 89 only)				
<b>9. Series and/or Restricted Limited-Liability Company:</b> (Optional)	Check box if a Series Limited-Liability Company <input type="checkbox"/>	Domestic Limited-Liability Company's only: The Limited-Liability Company is a Restricted Limited-Liability Company <input type="checkbox"/>		
<b>10. Records Office:</b> (Foreign Limited-Liability Companies)	7385 S. Pecos Rd. Address Country <input type="text" value="USA"/>	Las Vegas City	NV State	89120 Zip code
<b>11. Street Address of Principal Office:</b> (Foreign Limited-Liability Companies)	7385 S. Pecos Rd. Address Country <input type="text" value="USA"/>	Las Vegas City	NV State	89120 Zip code
<b>12. Name, Address and Signature of the Organizer:</b> (NRS 86, NRS 89 -Each Organizer must be a licensed professional.)  <b>Name and Signature of Manager or Member:</b> (NRS 86.544 only)  See instructions	<p>*Foreign Limited-Liability Company - In the event the designated Agent for Service of Process resigns and is not replaced or the agent's authority has been revoked or the agent cannot be found or served with exercise of reasonable diligence, then the Secretary of State is hereby appointed as the Agent for Service of Process.</p> <p>I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="text" value="Mauricio Rauld"/>            Name         </div> <div style="width: 35%;"> <input type="text" value="United States"/>            Country         </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <input type="text" value="1810 S. El Camino Real, Suite E"/>            Address         </div> <div style="width: 15%;"> <input type="text" value="San Clemente"/>            City         </div> <div style="width: 10%;"> <input type="text" value="CA"/>            State         </div> <div style="width: 25%;"> <input type="text" value="92672"/>            Zip/Postal Code         </div> </div> <p><b>X</b> <u>Mauricio Rauld</u> (attach additional page if necessary)</p>			

## AN INITIAL LIST OF OFFICERS MUST ACCOMPANY THIS FILING

**Please include any required or optional information in space below:**  
 (attach additional page(s) if necessary)

# SECRETARY OF STATE



## CERTIFICATE OF REGISTRATION FOREIGN LIMITED-LIABILITY COMPANY

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that **3 Keys Communities LLC** did on 08/01/2023 file in this office its registration to do business in this state and is now on file and of record in the office of the Nevada Secretary of State, and further, that said entity is at the date of this certificate duly qualified to exercise therein all the powers recited in its Articles and to transact business in the State of Nevada in accordance with the laws of said State.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 08/01/2023.

*FV Aguilar*

FRANCISCO V. AGUILAR  
Secretary of State

Certificate Number: B202308013849029

You may verify this certificate  
online at <http://www.nvsos.gov>

# SECRETARY OF STATE



## NEVADA STATE BUSINESS LICENSE

3 Keys Communities LLC

**Nevada Business Identification # NV20232858393**

**Expiration Date: 08/31/2024**

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.

**License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.**



Certificate Number: B202308013849030

You may verify this certificate  
online at <http://www.nvsos.gov>

IN WITNESS WHEREOF, I have hereunto set my  
hand and affixed the Great Seal of State, at my  
office on 08/01/2023.

A handwritten signature in black ink that reads "FV Aguilar".

FRANCISCO V. AGUILAR  
Secretary of State