#### Nancy Landry SECRETARY OF STATE

## STATE OF LOUISIANA SECRETARY OF STATE



Commercial Division (225) 925-4704

<u>Fax Numbers</u> (225) 932-5314 Corporations (225) 932-5317 Legal Services (225) 932-5318 UCC

# TRANSMITTAL INFORMATION For All Business Filings

Please indicate belo	w the level of service request	ed, payment and contact information
	dite \$30 Priority Expedite ur processing 2-4 hour processir	
Check or Money Order E	inclosed	
Do not put credit card informati	on on this form. You may save payment ir	nformation in your geauxBIZ profile under master accou
Business Name (List exactly as	t appears in documents)	
Name of person filing document	evidence of filing will be mailed to this person, at	t address below)
Address		
City	State	Zip Code
Daytime phone number	Fax number	Email address
documents online Rouge, Jefferson,	in the following parishes will be requ through geauxBIZ: Ascension, Bos Lafayette, Livingston, Orleans, Oua errebonne. Please visit our website	sier, Caddo, Calcasieu, East Baton chita, Rapides, St. Tammany,
	quires all Louisiana notaries to print	or type their name and notary or
bar roll number o	n the document.	
	g Address: P. O. Box 94125, Bator ee Location: 8585 Archives Ave., B. Web Site Address: www.	aton Rouge, LA * 70809

SS984 Rev. 01/25

## Nancy Landry Secretary of State



#### MANAGED SERVICE/MANAGED SECURITY SERVICE PROVIDERS

R.S. 51:2113

( ) Managed Service Provider

) Managed Security Service Provider

Return to:

**Commercial Division** 

Phone: (225) 925-4704

Baton Rouge, LA 70804-9125

P.O. Box 94125

CARY OF		Web Site: www.sos.la.gov		
STATE OF	(	) Initial Registration		
PARISH/COUNTY OF		) Renewal Registration		
	(	) Amended Registration		
MANAGED SERVICE/MANAGED SECURITY PROVIDER'S INFORMATION:				
Applicant Name:	As registered with Louisiana Secretary of S			
		тате		
Address:	Principal Office in state of organization			
	(Include City, State and Zip Code)			
Mailing Address:	(Include City, State and Zip Code)	<del></del>		
Phone Number: ( )	Alternate Phone Num	ber: ( )		
	CONTACT PERSON'S INFORMATI	ON:		
Name:				
Address:	(Include City, State and Zip Code)			
	(Include City, State and Zip Code)			
Phone Number: ( )	Alternate Phone Num	ber: ( )		
		· /		
	REGISTERED AGENT'S INFORMAT	ION:		
Name				
Address:	(Include City State and Tim Cody)			
(Include City, State and Zip Code)				
SS2113 Rev. 01/24				

## OFFICERS, DIRECTORS AND OWNERS

Provide the names and addresses of all officers, directors and owners of 10% or more of the business, as required by R.S. 51:2113(B). Provide an addendum if additional space is needed.

1.	Name: _	
	Address:	
		(Include City, State and Zip Code)
	Position: _	Ownership Percentage:
2.	Name: _	
	Auuress.	(Include City, State and Zip Code)
	Position: _	Ownership Percentage:
3.	Name: _	
		(Include City, State and Zip Code)
	Position:	Ownership Percentage:
4.	Name: _	
	Address:	(Include City, State and Zip Code)
	Position	Ownership Percentage:
	1 osmon	Ownership i creatage.
5.	Name:	
	Addi ess.	(Include City, State and Zip Code)
	Position:	Ownership Percentage:
6.	Name: _	
	Address:	
		(Include City, State and Zip Code)
	Position:	Ownership Percentage:
7.	Name: _	
	Address:	
		(Include City, State and Zip Code)
CC2112 P		Ownership Percentage:
SS2113 Rev	v. U1/24	

Signature of Applicant or Authorized Representative:	
Printed Name of Applicant or Authorized Representative:	
On this day of 20	o, before me, personally appeared, going instrument, and acknowledged that he executed it as his free act and deed.
to me known to be the person described in and who executed the fore	going instrument, and acknowledged that he executed it as his free act and deed.
Notary Signature, Printed	Name, and Notary/Bar Roll Number
,	
ACENT'S ACKNOWI EDGMENT	AND ACCEPTANCE OF APPOINTMENT
AGENT S ACKNOWLEDGMENT	AND ACCEL TANCE OF ALL OINTMENT
I hereby acknowledge and accept the appointment of	of registered agent for and on behalf of the above named entity.
	Registered agent(s) signature(s):
Sworn to and subscribed before me, the undersigned Notary Public, o	on this date:
Notary Signature, Printed	Name, and Notary/Bar Roll Number

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#### **INSTRUCTIONS**

- "<u>Managed Service Provider</u>" means an individual, partnership, corporation, incorporated or unincorporated association, joint stock company, reciprocal, syndicated, or any similar entity or combination of entities that manages a public body's information technology infrastructure or end-user systems. The term shall not include any entity providing communications services subject to regulation or oversight by the Louisiana Public Service Commission or the Federal Communications Commission.
  - "Managed Security Service Provider" means an individual, partnership, corporation, incorporated or unincorporated association, joint stock company, reciprocal, syndicated, or any similar entity or combination of entities that provides a managed security service for a public body.
- 2. The initial registration form must be completely filled out and submitted to the Secretary of State's office along with a copy of its organizational documents (Articles of Incorporation, Articles of Organization, Articles of Association, Partnership Agreement).
- 3. The provider must be registered with the Louisiana Secretary of State's office and must be in good standing.
- 4. The registration is effective for two years. The renewal application must be submitted to the Secretary of State's office at least ninety days prior to the expiration of the registration.
- 5. Changes to the registration form can be made by filing an amended registration, accompanied by supporting documentation (amendments to the Articles of Incorporation, Articles of Organization, Articles of Association or Partnership Agreement), with the Secretary of State's office within 60 days of the effective date of the change.