Nancy Landry SECRETARY OF STATE

SS984 Rev. 01/25

## 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

| Plea                   | ase indicate below tl                           | ne level of service request                                                            | ed, payment and contact information                    |      |
|------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------|------|
| R                      | outine Expedite S<br>24 hour pro                |                                                                                        |                                                        |      |
|                        | heck or Money Order Enclos                      | ed                                                                                     |                                                        |      |
| <sup>•</sup> Do not pi | ut credit card information or                   | this form. You may save payment i                                                      | nformation in your geauxBIZ profile under master accou | unt  |
|                        |                                                 |                                                                                        |                                                        |      |
| Busines                | ss Name (List <b>exactly</b> as it appe         | ars in documents)                                                                      |                                                        |      |
|                        |                                                 |                                                                                        |                                                        |      |
| Name                   | of person filing document (evider               | nce of filing will be mailed to this person, a                                         | t address below)                                       |      |
|                        |                                                 |                                                                                        |                                                        | unt. |
| Addres                 | 35                                              |                                                                                        |                                                        |      |
| , laurot               |                                                 |                                                                                        |                                                        |      |
| City                   |                                                 | State                                                                                  | Zin Oode                                               |      |
| City                   |                                                 | Sidle                                                                                  | Zip Code                                               |      |
|                        |                                                 |                                                                                        |                                                        |      |
| Daytim                 | e phone number                                  | Fax number                                                                             | Email address                                          |      |
| NOTE                   | documents online thro<br>Rouge, Jefferson, Lafa | •••••••••••••••••••••••••••••••••••••••                                                |                                                        |      |
| NOTE                   | E: Louisiana Law require                        | s all Louisiana notaries to prin                                                       | or type their name and notary or                       |      |
|                        | bar roll number on the                          | document.                                                                              |                                                        | ount |
|                        | •                                               | dress: P. O. Box 94125, Bato<br>cation: 8585 Archives Ave., E<br>Web Site Address: www | aton Rouge, LA * 70809                                 |      |

| Nancy Landry<br>Secretary of State                                                                                                                          | ARTICLES OF INCORPORATION<br>(R.S. 12:203)                                                                                                                        |                                                                                                                    |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| SE CONFIDENCE STREET                                                                                                                                        | Domestic Non-Profit Corporation<br>Non-Stock Corporations Only<br>Enclose \$75 filing fee<br>Make remittance payable to<br>Secretary of State<br>Do not send cash | Return to: Commercial Division<br>P.O. Box 94125<br>Baton Rouge, LA 70804-9125<br>(225) 925-4704<br>www.sos.la.gov |  |  |  |  |  |
| STATE OF LOUISIA                                                                                                                                            | NA                                                                                                                                                                |                                                                                                                    |  |  |  |  |  |
| PARISH OF                                                                                                                                                   |                                                                                                                                                                   |                                                                                                                    |  |  |  |  |  |
| 1. The name of this c                                                                                                                                       | 1. The name of this corporation is:                                                                                                                               |                                                                                                                    |  |  |  |  |  |
| () Engaging i                                                                                                                                               | formed for the purpose of : (check one<br>n any lawful activity for which corporat<br>Revised Statutes (Non-Profit Corporat<br>(Use for limiting corpor           | ions may be formed under Chapter 2, Title 12,<br>ion Law)                                                          |  |  |  |  |  |
| 3. The duration of this                                                                                                                                     | corporation is: (may be perpetual)                                                                                                                                |                                                                                                                    |  |  |  |  |  |
| <ul> <li>5. The location and m</li> <li>6. The full name and r</li> </ul>                                                                                   | · · · · · ·                                                                                                                                                       | of this corporation's registered office is:                                                                        |  |  |  |  |  |
| agent(s) is/are:<br>7. The full name and address of each incorporator of this corporation is:                                                               |                                                                                                                                                                   |                                                                                                                    |  |  |  |  |  |
|                                                                                                                                                             |                                                                                                                                                                   |                                                                                                                    |  |  |  |  |  |
| <ol> <li>The corporation's initial board of directors, municipal addresses (not a P.O. Box only) and term of office<br/>are: Name(s)/Address(es)</li> </ol> |                                                                                                                                                                   |                                                                                                                    |  |  |  |  |  |
|                                                                                                                                                             |                                                                                                                                                                   |                                                                                                                    |  |  |  |  |  |
| 9. This corporation is t                                                                                                                                    | to be organized on a non-stock basis.                                                                                                                             |                                                                                                                    |  |  |  |  |  |
| 10. Other Provisions:                                                                                                                                       |                                                                                                                                                                   |                                                                                                                    |  |  |  |  |  |
|                                                                                                                                                             |                                                                                                                                                                   | Page 1 of 2                                                                                                        |  |  |  |  |  |

|                 | Incorporator(s) Signature(s): |                                                            |
|-----------------|-------------------------------|------------------------------------------------------------|
|                 |                               |                                                            |
|                 |                               |                                                            |
|                 |                               |                                                            |
|                 |                               |                                                            |
|                 |                               |                                                            |
|                 |                               | , 20, before me, personally                                |
| appeared        |                               | , to me known to be the person                             |
| described in a  | nd who executed the foregoin  | g instrument, and acknowledged that he executed it         |
| as his free act | and deed.                     |                                                            |
|                 |                               |                                                            |
|                 |                               |                                                            |
|                 | Ν                             | otary                                                      |
|                 |                               |                                                            |
|                 |                               |                                                            |
| named corpo     | • · · ·                       | intment of registered agent for and on behalf of the above |
| Regist          | ered agent(s) signature(s):   |                                                            |
|                 |                               |                                                            |
|                 |                               |                                                            |
|                 |                               |                                                            |
|                 |                               |                                                            |
|                 |                               |                                                            |
| Sworn to and    | subscribed before me this     | day of, 20                                                 |
| NOTARY NAM      | E MUST BE TYPED OR PRINTE     | D WITH NOTARY #                                            |
|                 |                               |                                                            |
|                 |                               |                                                            |
|                 | Nota                          | ry Signature                                               |
|                 |                               |                                                            |
|                 |                               | Page 2 of 2                                                |

## **INSTRUCTIONS**

- NOTE: A corporation is a complex form of business structure. This form contains only the minimum provisions required by law to be set forth in Articles of Incorporation. Additional provisions may be advisable or necessary, depending on the specific needs of each corporation. Those corporations intending to apply for a tax exempt status with the Internal Revenue Service may be required to add information not included on this form. Please call the Internal Revenue Service at (800) 829-4933 for information to obtain a corporation's federal tax identification number. Consideration should be given to the advantages and disadvantages of incorporating, and the legal and tax consequences. You are strongly advised to seek legal advice from an attorney and tax and other business advice from an accountant.
  - 1. File the Articles of Incorporation, along with an affidavit of registered agent, and the requisite \$75 filing fee with the secretary of state.
  - 2. The Articles of Incorporation may be delivered to the secretary of state in advance, for filing as of any specified date (and any given time on such date) within 30 days after the time of delivery. Requests should be made in writing and must be submitted along with the Articles of Incorporation.
  - 3. Upon filing with our office, you will receive a certified copy of the Articles and a Certificate of Incorporation. Within 30 days after filing the Articles of Incorporation with the Secretary of State's Office, a copy of the Articles of Incorporation certified by the secretary of state and a copy of the Certificate of Incorporation must be filed with the office of the recorder of mortgages in the parish where the corporation's registered office is located.
  - 4. If the Articles of Incorporation are filed within five working days (exclusive of legal holidays) after acknowledgment, the corporate existence shall begin as of the time of such acknowledgment.