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 below	the level of service request	ed, payment and contact information
Routine Expedi	te \$30 Priority Expedite processing 2-4 hour processing	
Check or Money Order En	closed	
Oo not put credit card informatior	on this form. You may save payment in	nformation in your geauxBIZ profile under master account.
Business Name (List exactly as it a	ppears in documents)	
Name of person filing document (ev	idence of filing will be mailed to this person, a	t address below)
Address		
City	State	Zip Code
Daytime phone number	Fax number	Email address
documents online t Rouge, Jefferson, L	the following parishes will be requirough geauxBIZ: Ascension, Bosafayette, Livingston, Orleans, Ouarebonne. Please visit our website	sier, Caddo, Calcasieu, East Baton chita, Rapides, St. Tammany,
NOTE: Louisiana Law requ	ires all Louisiana notaries to print	or type their name and notary or
bar roll number on	the document.	
	Address: P. O. Box 94125, Bator Location: 8585 Archives Ave., B Web Site Address: www	aton Rouge, LA * 70809

SS984 Rev. 01/25

STATE OF LOUISIANA

SECRETARY OF STATE

Nancy Landry Secretary of State



Commercial Division (225) 925-4704

Fax Numbers (225) 932-5317 Administrative Services (225) 932-5314 Corporations (225) 922-0452 UCC

IMPORTANT NOTICE

The instructions from the Secretary of State's Office in order to qualify a foreign limited liability company to do business in the State of Louisiana are the following:

- 1. The name must be identical to the name on certificate of existence or good standing from organizing jurisdiction. The certificate must be dated within 90 days of its submission. (In the states of Texas and Alabama, obtain a certificate of existence from the secretary of state, not a good standing from the Comptroller/Department of Revenue.)
- 2. The name must be identical to the name on the certificate of fact evidencing the name change issued by the proper official of the organizing jurisdiction.
- 3. The date organized in your state or country and period of duration, if any.
- 4. The street address of the principal office of the organization in the state or country under the laws of which it is organized.
- 5. The street address or intended street address of its principal business office wherever located. If you do not have one, write none in this space.
- 6. The address of the principal business establishment in this state.
- 7. This address shall be the street address of your registered agent if the agent is an individual or corporation.
- 8. The agent must be an individual resident in Louisiana, an individual attorney or a partnership which is authorized to practice law in Louisiana or a domestic or foreign corporation authorized to act as registered agent for other organizations.
- 9. The nature of business that the limited liability company proposes to transact in this state and a statement that it is empowered to transact such business under the laws under which it is organized.
 - NOTE: If the company includes in its name the words "engineer," "engineering," "surveyor," or "surveying," please contact the Louisiana Professional Engineering and Land Surveying Board prior to submitting the application for authority. They can be contacted by phone at (225) 925-6291, by mail at 9643 Brookline Ave., Suite 121, Baton Rouge, LA 70809 or www.lapels.com.
- 10. The name and addresses of the company's members and managers. Attached addendum if needed for additional members and managers.

Nancy Landry Secretary of State

APPLICATION FOR AUTHORITY TO TRANSACT BUSINESS IN LOUISIANA

(R.S. 12:1345) any Return to:



Foreign Limited Liability Company
Enclose \$150 filing fee
Make remittance payable to
Secretary of State
Do Not Send Cash

Commercial Division P. O. Box 94125

Baton Rouge, LA 70804-9125

(225) 925-4704 www.sos.la.gov

STATE OF	Check one:	() Non Profit () Business	Check one:	() Original Application() Amended Application
PARISH/COUNTY OF		() Dusiness		() Amended Application
Limited liability company name:				
2. Previous name:				
3. Date of organization:		Period of duration:		
4. Principal office address in state or country of	organization:			
5. Principal business office address:				
PLEASE INC	CLUDE COMPLETE STR	EET ADDRESSES FO	R THE FOLLOWI	NG
6. Principal business establishment in Louisiana	a:			
7. Registered office address in Louisiana:				
Registered agent's name and address in Lou	lisiana:			
Nature of business to be transacted in Louisi.	ana:			
40. November and address of months are address.				
Names and addresses of members and mar	lagers:			
				_
To be signed by a Member/Manager				Title and Date
Sworn to and subscribed before me, the undersi	gned Notary Public, on thi	is date:		
	Notary			
AGENT'S ACCEPTA	ANCE AND ACKNOWLE	DGEMENT OF APPO	INTMENT	
I hereby acknowledge and accept the appointment	ent of registered agent for	and on behalf of the a	above named corpo	ration.
	Registered Ag	ent		
Sworn to and subscribed before me on this date:				
	Notary			
972 Rev. 01/24				