

M22000017577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

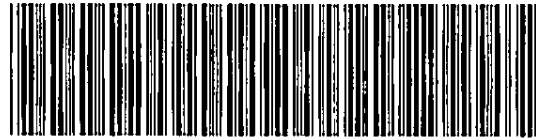
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

00661

1722-56799

Office Use Only



000385493170

04/18/22--01041--024 **180.00

APPROVED
AND
FILED
2022 NOV 21 PM 4:05
CLERK OF SUPERIOR COURT
HALL COUNTY, OREGON

NOV 22 2022

Brumbley

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 615.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Southeast Helicals, L.L.C.
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "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. Louisiana 3. 47-5219819
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 11-1-16
(Date first transacted business in Florida, if prior to registration. (See sections 605.001 and 605.005, F.S., to determine penalty, if any.)

5. 1030 Hawn Ave 6. 1030 Hawn Ave
(Street Address of Principal Office) (Mailing Address)
Shreveport Louisiana 71107 Shreveport Louisiana 71107

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

Name: Northwest Registered Agent LLC
Office Address: 7901 4th St N STE 300
St. Petersburg, Florida 33702
(City) (Zip Code)

2022 NOV 21 PM 4:05
APPROVED AND FILED
REGISTRATION SECTION
FLORIDA SECRETARY OF STATE

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.

Tom Glover
(Registered agent's signature)

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: Gary Gardner

Member Address: 1030 Hawn Ave

Authorized Shreveport LA 71107

 Person _____

Other _____ Other _____

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

Manager Name: David Pattridge

Member Address: 1030 Hawn Ave

Authorized Shreveport LA 71107

 Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

 Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

 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



R. Kyle Ardoin
SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that

the Articles of Organization of

SOUTHEAST HELICALS, L.L.C.

Domiciled at SHREVEPORT, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on October 01, 2015,

I further certify that no Certificate of Dissolution or Termination has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

November 17, 2022

Secretary of State

Web 42029603K



Certificate ID: 11652066#2N63

To validate this certificate, visit the following web site, go to **Business Services**, **Search for Louisiana Business Filings**, **Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov