## M170000094986

(Red	questor's Name)	
(Add	dress)	
(,	21000,	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
<b>(-</b> ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
PICK-UP	☐ WAIT	MAIL
	L ******	
—————————(Bus	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
r <del></del>		
Special Instructions to I	Filing Officer:	
cert wn.90	1121	
$\omega$ $\omega$ $\omega$ $\omega$ $\omega$ $\omega$	) <del>~~</del> <del></del>	

Office Use Only



700305387177

11/09/17--01021--007 \*\*125.00

17 NOV 27 FH &: 31

O SIMMONS NOV 2 9 2017 **COVER LETTER** 

TO:

Registration Section

. -38

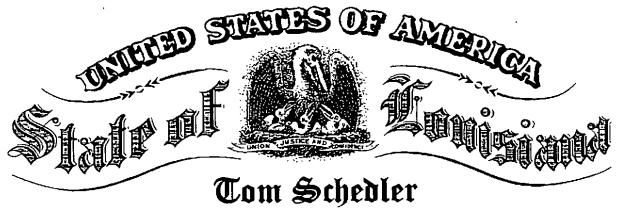
Div	ision of Corporation	S					
SUBJECT:	Craftsmen Contracto	rs. LLC			,		
Name of Limited Liability Company							
The enclosed Existence, a	d "Application by For nd check are submitted	eign Limited Liability Comp d to register the above refere	any for Authoriza	tion to Tra ed liability	nsact Business in company to tran	Florida," sact busin	Certificate of ess in Florida
Please return	n all correspondence c	oncerning this matter to the	following:				
	John Guerineau						
	<del></del>	Na	ame of Person				
	Craftsmen Cont	ractors, LLC					
	Firm/Company						
	801 Barrow Street, Suite 410,  Address  Houma, Louisiana 70360						20171
	Address						404
	Houma, Louisiana 70360						2017 NOV 27 MILE: 8:
	City/State and Zip Code						<u> </u>
jGuerineau@CraftsmcnContractors.net						Ė	ମନ୍ତି ଆନ୍ତି
	<del></del>	E-mail address: (to be used	for future annual	report not	ification)	·····	7
For further i	information concernin	g this matter, please call:					
Jol	nn Guerineau		504 at (	858-534	14		
-	Name o	f Contact Person	Area Code	Day	time Telephone	Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		rcle			
	a check for the follow \$125.00 Filing Fee	ring amount:  S130.00 Filing Fee & Certificate of Status	S155.00 Filit Certified Copy	•	□ \$160.00 File of Status & Co		

O

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Craftsmen Contractors.	LLC Limited Liability Company, must include "Limite	375.030					
Craftsmen Contractors, LI		M Liabin	y Company, L.L.C., or "LLC,")				
	ame adopted for the purpose of transacting business in Flo	onda. The a	Itemate name must include "Limited Lial	hility Company ""1 I C " or "			
2. Louisiana			82-2898491	omy company. Dime, in			
(Jurisdiction under the law of which foreign limited liability company is organized)		. د	(FEI number, if applicable)				
4. 11/20/2017							
T	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration	n.)	<del></del>			
5 Craftsmen Contractors			Craftsmen Contractors, LL	ئے نے ہ			
(Street Address of F	Principal Office)	6.	(Mading Addi	ress)	= -11		
2540 Cumberland Trail	<u> </u>		801 Barrow Street, Suite 41	0	<u> </u>		
Clearwater, FL 33761			Houma, LA 70360	, 1	T 17 TH 8: 32		
					70 13		
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT.	acceptable)		~ C		
Name:	Theresa McIoone				برب <b>در</b> خ		
Office Address:	2450 Cumberland Trail			•	، في		
Office Fiduless.	Clearwater		227(1				
	(City)		, Florida 33761 (Zip code	<u></u>			
and accept the obligations	s of my position as registered agent.  (Registered agent's	signature)	·				
S. The same title or same	sains and address of the accordance to						
Title or Capacity:	icity and address of the person(s) who ha Name and Address:		authority to manage is/are: itle or Capacity:	Name and Addres	is:		
Director	Sarah Callais		irector	Theresa Mcloone			
	20 English Turn Court	- <del></del>		2450 Cumberland			
	New Orleans, LA 70131	-		Clearwater, FL 337	/61		
Director	John Guerineau						
	1005 Alura Ave						
	Metairie, LA 70001	_		-			
(Use attachments if necess	sary)						
<ol> <li>Attached is a certificate jurisdiction under the law of the translator must be st</li> </ol>	of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted)	duly au e is in a	thenticated by the official ha foreign language, a translati	ving custody of recordion of the certificate u	ds in the inder oath		
10. This document is exect submitted in a document to	uted in accordance with section 605.0203 the Department of State-constitutes a thi	ird degr	, Florida Statutes. I am awar ee felony as provided for in s crized person	e that any false inform s.817.155, F.S.	ıation		
	Theresa McIoone						
		printed na	me of signee				



SECRETARY OF STATE

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

## **CRAFTSMEN CONTRACTORS, LLC**

A limited liability company domiciled in HOUMA, LOUISIANA,

Filed charter and qualified to do business in this State on September 27, 2017,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

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,

JWWWXX Furnetarn, of State

November 16, 2017

Certificate ID: 10889343#HTL73

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.

the instructions displayed.

www.sos.la.gov

Web 42811369K