

m19000002666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

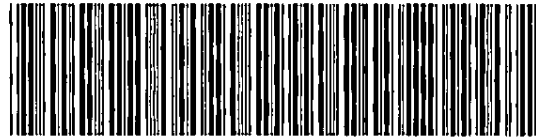
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W19000006304

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01/15/19--01006--016 **160.00

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19 MAR 20 AM 7:30
SECRETARY OF STATE
FALL ARKANSAS 71424-24

C CAVE
MAR 20 2019

RECEIVED
MAR 20 2019
BY: CC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2019

CHRISTINA BAKER
495 LOGGER HEAD LANE
MANY, LA 71449

SUBJECT: ARTEMIS ADVANTAGE, LLC
Ref. Number: W19000006304

We have received your document for ARTEMIS ADVANTAGE, LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Cathy Cave

Letter Number: 819A00001385

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARTEMIS ADVANTAGE, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

CHRISTINA BAKER

Name of Person

ARTEMIS ADVANTAGE, LLC

Firm/Company

495 LOGGER HEAD LANE

Address

MANY LA, 71449

City/State and Zip Code

CHRISTINA.BAKER@ARTEMISADVANTAGE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTINA BAKER

318 602-5473
at ()

Name of Contact Person

Area Code

Daytime 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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy



\$160.00 Filing Fee, Certificate
of Status & Certified Copy

FILED
19 MAR 20 AM 7:30
TALLAHASSEE, FLORIDA

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:

1. ARTEMIS ADVANTAGE, LLC
(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. STATE OF LOUISIANA
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 454693718
(FEI number, if applicable)

4. 1/7/2019
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. ARTEMIS ADVANTAGE, LLC (Street Address of Principal Office)	6. ARTEMIS ADVANTAGE, LL (Mailing Address)
495 LOGGER HEAD LANE	P.O. BOX 1301
MANY, LA 71449	DERIDDER, LA 70634

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

Name:

William A Decker

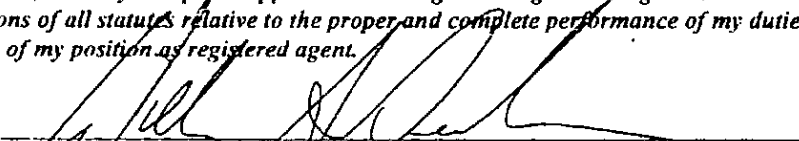
Office Address:

97004 Kattfish Ln

Gulf Breeze, Florida 32097
(City) (Zip code)

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.


(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: CHRISTINA BAKER

☐ Member Address: 495 LOGGER HEAD LANE

☒ Authorized MANY, LA 71449

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☒ Manager Name: KATHLEEN BREWER

☐ Member Address: 715 DAVELLA DRIVE

☒ Authorized DERIDDER, LA 70634

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: BELINDA COBB

☒ Member Address: P.O. BOX 1301

☒ Authorized DERIDDER, LA 70634

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)

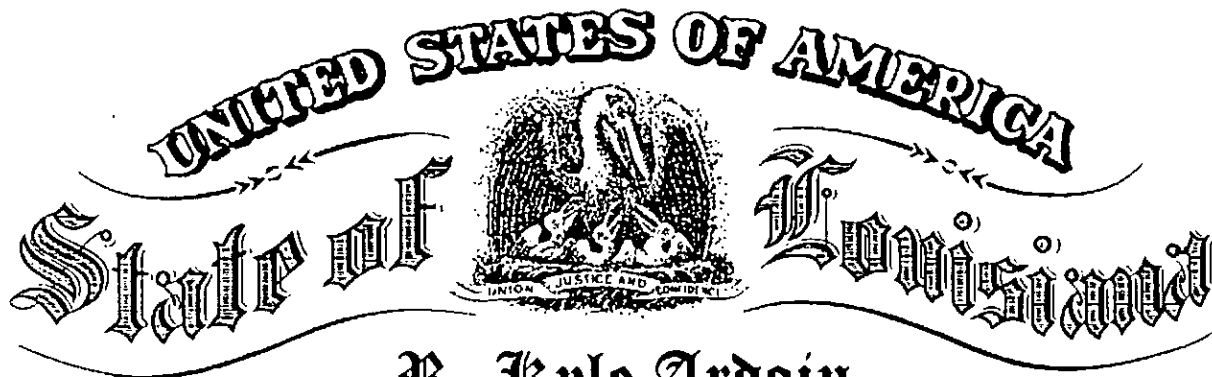
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Christina Baker

Signature of an authorized person

CHRISTINA BAKER

Typed or printed name of signer



R. Kyle Ardoin
SECRETARY OF STATE

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

ARTEMIS ADVANTAGE, L.L.C.

A limited liability company domiciled in MANY, LOUISIANA,

Filed charter and qualified to do business in this State on February 06, 2012,

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,

February 6, 2019



Certificate ID: 11040532#R9E52

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

Secretary of State

Web 40739320K