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(City/State/Zip/Phone #)					
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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: All Phase Development Coroup 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:
Cordon CASe Name of Person
Cell Phase Development Group LLC
883 School St
Houma LA 70360 City/State and Zip Code
Gdiddy 350 at Hotmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cordon CASe at 985 870 - 4110  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
S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee. Certificate Copy of Status & Certified Copy

## 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: (II 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 "ELC.") -OUISIANA
posdiction under the law of which foreign limited hability company is organized) 3. 30-0711677 (Date first transacted business in Florida, if prior to registration.) (See sections 605-0904 & 605-0905, F.S. to determine penalty liability) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Gordon CASE Name: 226 Commercial Dr

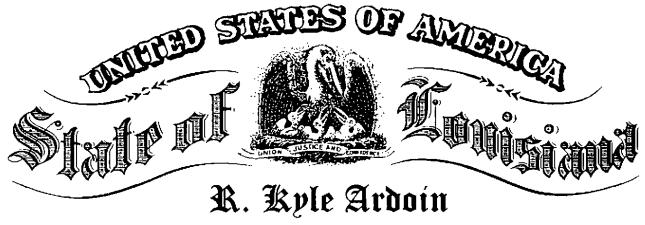
Registered agent's acceptance:

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 index manage [up to six (6)	ing purposes, list names, title or capacity and addr	esses of the primary n	nembers/manaį	SECRETARIO DE LA RESERVA DE LA
Title or Capacity:	Name and Address:	Title or Capacity:	_	Name and Address
Manager	Name: Gordon CAS-C	Manager	Name:	
Member	Address: 883 School 5/	Member		
Authorized	HOUMA LA	Authorized		
Person	70360	Person		
Other	Other	Other		Other
Manager	Name:	☐ Manager	Name:	
Member	Address:	Member	Address:	
Authorized		Authorized		
Person		Person		<del></del>
Other	Other	Other		Other
Manager	Name:	Manager	Name:	
Member	Address:	Member	Address:	
Authorized		Authorized		
Person		Person		
Other	Other	Other		Other
9. Attached is a cer- jurisdiction under the of the translator mu 10. This document	is executed in accordance with section 605.0203 (ment to the Department of State constitutes a third	da Department of Stal ily authenticated by th is in a foreign languag 1) (b), Florida Statute	te Annual Reported Annual Reported to official having a translation as I am aware the deed for in s.8	ort form.  Ig custody of records in the of the certificate under oath oat any false information

Gordon CASIL
Typed or printed name of signec



SECRETARY OF STATE

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

the Articles of Organization of

## **ALL PHASE DEVELOPMENT GROUP, LLC**

Domiciled at HOUMA, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on December 15, 2011,

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.

April 25, 2019

/L 12 / 102 Secretary of State

Web 40691277K



Certificate ID: 11070531#VAE52

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