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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

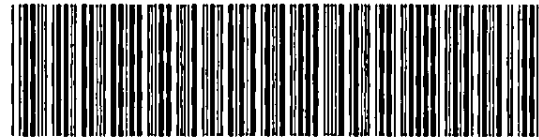
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

B KINSEY
AUG 12 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TS + SS Properties, L.L.C.
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:

Sandra St. Romain
Name of Person

TS + SS Properties, L.L.C.
Firm/Company

PO Box 97
Address

Mansura, LA 71350
City/State and Zip Code

sandra@stromainoil.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra St. Romain at (318) 201-3836
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

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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

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. TS + SS Properties, L.L.C.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

TS + SS Properties - FL, L.L.C.
(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
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 20-2940901
(FEI number, if applicable)

4. 6-17-19 Purchased ^{vacation} home
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 590 Hwy 1187
(Street Address of Principal Office)

6. PO Box 97
(Mailing Address)

Mansura, LA 71350

Mansura, LA 71350

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

Name: DAN PALMER

Office Address: 7677 Dr Phillips Blvd Suite 200
Orlando, Florida 32819
(City) (Zip code)

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CLERK OF COURT
STATE OF FLORIDA

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.

[Signature]
(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: Todd St. Roman

Member Address: 590 Hwy 1187

Authorized PO Box 97

Person Mansura, LA 71350

Other _____ Other _____

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

Manager Name: Sandra St. Romain

Member Address: 590 Hwy 1187

Authorized PO Box 97

Person Mansura, LA 71350

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 _____

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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.

Sandra St. Romain
Signature of an authorized person

Sandra St. Romain
Typed or printed name of signee



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

TS & SS PROPERTIES, L.L.C.

Domiciled at MANSURA, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on June 20, 2005,

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,

July 17, 2019

Secretary of State

Web 35963331K



Certificate ID: 11098408#2CS93

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