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AUG - 4 2022 M. SOLOMON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Boynton Brick and Tite 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:
Trampas or Christy Boynton Name of Person
Boynton Brick and Tile LLC Firm/Company
10434 Jefferson Huy Apt F
Baton Rough LA 70809 E
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Trampas Boynton at 225 465-9437 Name of Contact Person Area Code Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$\Boxed{\text{\subset}}\$\$ \$125.00 Filing Fee \$\boxed{\subseteq}\$\$ \$130.00 Filing Fee \$\boxed{\subseteq}\$\$ \$155.00 Filing Fee \$\boxed{\subseteq}\$\$ \$\$ \$160.00 Filing Fee, Certificate of Status \$\boxed{\text{Certificate}}\$\$ Certified Copy

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

	TION 605.0902, FLORIDA STATUTES, THE FOIL SINESS INTHE STATE OF FLORIDA:	LOWING IS SUBMITTED TO RECESTER A FORE	OGN TAMITED HABITI
1. By to (Name of Foreign I	imited Liability Company, must include "Limited Li	iability Company," "L.L.C.," or "L.L.C.")	
(If name unavailable, enter alternate m	ame adopted for the purpose of transacting business in Florid	da The alternate name must include "Limited Liability Compa	uny," "L L C," or "LLC")
2. East Batu (Jurisdiction under the law of wh	Rong Parish Louis Gna ich toreign lighted hability company is organized)	3. EIN: 87 - 33058 S) <u></u>
4. 9-1-202			
	(Date first transacted business in Florida, if prior to rege (See sections 605 0904 & 605 0905, F.S. to determine p	straton.) penalty liability)	
5. 7901 Uth (Street Address of Principal Office)	St.N, Suite 350	6. 79014HS+, NS	nite 4000
St. Petersbu	3, FL 33702	St Petrsbug, FL	33702
			: " = .
7. Name and street address	of Florida registered agent: (P.O. Box N	IOT_acceptable)	29
	1		<u> </u>
Name:	Kegistered Agents	Inc.	ÄHH: DB
Office Address:	79014MSt.N.S	inite300	
•	St. Petersburg 10	Florida $\frac{3370}{\text{(Zip code)}}$	
Registered agent's accepta Having been named as reg		cess for the above stated limited liability co	ompany 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:	Title or Capacity:	Name and Address:
Manager	Name: Irampas Boynton	Manager	Name: (hristy Futch By
□Member	Address: 1043 Teffvsn Hyg	Member	Address: 104347effism H
□Authorized	Apt. F	□Authorized	AptiF
Person	Baton Ronge, LA 70809	Person	Bater Rouge LA 2080
□Other	Other	□Other	0 ,
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	202
Person		Person	. 28
□Other	Other	□Other	_ ·
			<u> </u>
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		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.

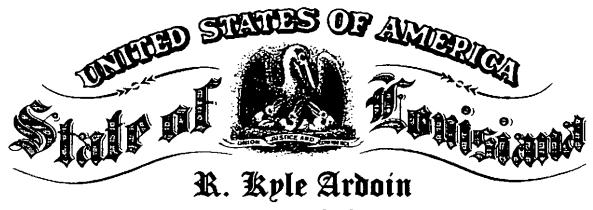
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203₃(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 auditorized person

Tampas

Typed or printed name of signee



SECRETARY OF STATE

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

the Articles of Organization of

BOYNTON BRICK AND TILE LLC

Domiciled at BATON ROUGE, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on October 26, 2021,

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 25, 2022

R 12 fe 162.
Secretary of State



Certificate ID: 11603599#S9R93

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