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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

D	ate: 11	/28/2022	a: c >W
		Acc#I20160000072	anic so v
Name:	Broadmoor, LLC		
Document #:			
Order #:	14643721		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification: Filing:	Certified: V	ountry of Destination: umber of Certs:	
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$	155.00	

Thank you!

COVER LETTER

	BROADMOOR, L.L.C.		
UBJECT:			
	Nam	e of Limited Liability Company	
he enclosed xistence, an	"Application by Foreign Limited Liability d check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificat referenced foreign limited liability company to transact business in Floring Company to transact Business in Florida, "Certificat reference of the Company to transact Business in Florida," Certificat reference of the Company to transact Business in Florida, "Certificat reference of the Company to transact Business in Florida," Certificat reference of the Company to transact Business in Florida, "Certificat reference of the Company to transact Business in Florida, "Certificat Reference of the Company to transact Business in Florida, "Certificat Reference of the Company to transact Business in Florida, "Certificat Reference of the Company to transact Business in Florida, "Certificat Reference of the Certificat Reference	
ease return	all correspondence concerning this matter t	o the following:	
	Fran Lacour		
	*****	Name of Person	
	Broadmoor, L.L.C.		
		Firm/Company	
	2740 N Amoult Road		
		Address	
	Metairie, I.A 70002		
	C	ity/State and Zip Code	
	flacour@bohbros.com		
	E-mail address: (to be	used for future annual report notification)	
or further in	formation concerning this matter, please ca	II:	
Fran	1 Lacour	504 827-7621 at ()	
	Name of Contact Person	Area Code Daytime Telephone Number	
Mailing Address: Registration Section		Street Address: Registration Section	
	ision of Corporations	Division of Corporations	
	. Box 6327 lahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
1 411	latiassee, Fib 32374	Tallahassee, FL 32303	
	osed is a check for the following amount:		

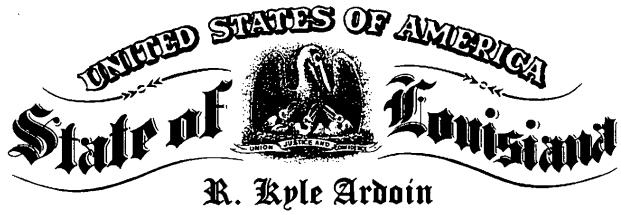
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE 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:

f name unavailable, enter alternate	name adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limited Liabi	lity Company," "L L.C," or "	·LLC ")
Louisiana		72-1178145 3		
(Jurisdiction under the law of v	rnich foreign limited liability company is organized)	(FEI number,	:fapplicable)	
·		ottet on 1		
	(Date lifs) transacted business in Florida, if print to re- (See sections 605 0904 & 605,0905, F.S. to determine	penalty liability)		
2740 N Arnoult Road		2740 N Arnoult Road 6.		
irreer Address of Principal Office)	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	6. (Mailing Address)		_
Metairie, LA 70002		Metairie, LA 70002		
			202	_
. Name and street addre	ss of Florida registered agent: (P.O. Box)	NOT_acceptable)	2 NOV :	١٣٠٠
. Name and <u>street addre</u> Name:	ss of Florida registered agent: (P.O. Box.) C.T.Corporation System		28	FILED
			28 PMI2:	FILED
Nainc:	CT Corporation System 1200 South Pine Island Road Plantation	33324 Florida	28	FILED
Nainc:	CT Corporation System 1200 South Pine Island Road Plantation		28 PMI2:	FILED

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Stephen H Boh Name: _____ ■Manager Address: 2740 N Arnoult Road □Member Address: ______ □Member Metairie LA 70002 □ Authorized □ Authorized Person Person Other____ □Other____ Other Other Name: _____ Name: □Manager □Member Address: Address: ______ □ Member □ Authorized ☐ Authorized Person Person Other____ □Other Other _____ Other____ Name: ______ □Manager Name: _____ □Manager □Member Address: ______ Address: □ Member ☐ Authorized □ Authorized Person Person □Other_____ □Other ____ □Other ____ □Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Malu H Much Signature of an authorized person Stephen H. Boh

Typed or printed name of signee



SECRETARY OF STATE

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

BROADMOOR, L.L.C.

A limited liability company domiciled in METAIRIE, LOUISIANA,

Filed charter and qualified to do business in this State on July 08, 1999,

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,

November 18, 2022

L 1 Le No.
Secretary of State

Web 34812309K



Certificate ID: 11652572#KHH62

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

.....**.**