

M23000006256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

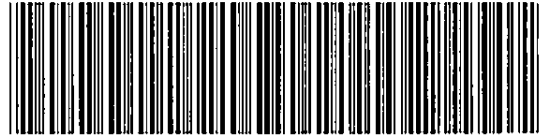
(Business Entity Name)

(Document Number)

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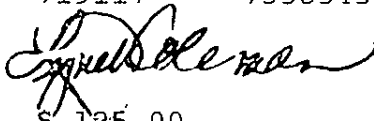
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SECRETARY OF STATE
TALLAHASSEE, FL

2

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 719117 7358543
AUTHORIZATION : 
COST LIMIT : \$ 125.00

ORDER DATE : May 3, 2023
ORDER TIME : 8:30 AM
ORDER NO. : 719117-001
CUSTOMER NO: 7358543

FOREIGN FILINGS

NAME: HEAD LEASING, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: _____

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. HEAD LEASING, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name is available, 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. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0903, F.S. to determine penalty liability)

5. 104 ENTERPRISE STREET
(Street Address of Principal Office)

6. P.O. BOX 517
(Mailing Address)

WEST MONROE, LA 71292

WEST MONROE, LA 71294

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 33702
(City) (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FL

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.

By: Alexis Weiland-Sorenson, ACP
(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: Manager
Name and Address: Name: KENNETH Y. HEAD
 Address: 104 ENTERPRISE ST.
 Member
 Authorized Person: WEST MONROE, LA 71292
 Other _____ Other _____

Title or Capacity: Manager
Name and Address: Name: TOBY HEAD
 Address: 104 ENTERPRISE ST.
 Member
 Authorized Person: WEST MONROE, LA 71292
 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 _____

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.



 Signature of an authorized person

TOBY HEAD

 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

HEAD LEASING, LLC

A limited liability company domiciled in WEST MONROE, LOUISIANA,

Filed charter and qualified to do business in this State on September 11, 2000,

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,

May 3, 2023

Secretary of State

Web 34985568K



Certificate ID: 11725595#XYN83

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