## 11/8000002549

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer: CORRECTION to Member titles PER Conversation With KAY McELROY 3/14/2018  55			



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18 MAR 12 PM 3:56 Secretary of State

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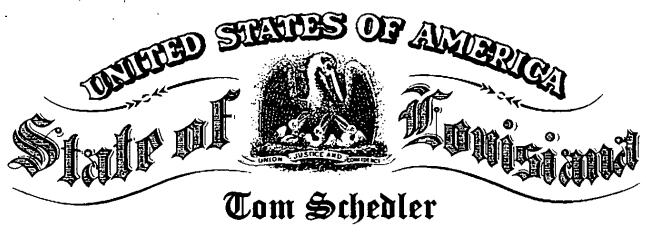
K SALY MAR 14 2018

## COVER LETTER

TO:	Registration Section Division of Corporati	ons		
SUBJECT: George			Beach of L.L. C. of Limited Liability Company	
The en	nclosed "Application by F nee, and check are submi-	oreign Limited Liability Comp ted to register the above refere	any for Authorization to Tr need foreign limited liabili	ansact Business in Florida," Certificate of ty company to transact business in Florida.
Please	return all correspondence	concerning this matter to the	following:	
		Kay	AcEtron	
		Geau	Beach L.	L.C.
	Firnt/Company			
	211 Lake Michigan Drive			
	Address			
		Shidell LA 70461 City/State and Zip Code		
	City/State and Zip Code  geaux tiger a bell south. net  E-mail address: (to be used for future annual report notification)			sellsouth net
For fu	rther information concern	ing this matter, please call:		······
	- Kan	of Contact Person	at ( 985 ) ( Area Code Da	ソロ・スしでフ ytime Telephone Number
	MAILING ADDRES Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	ns	Divisior Registra Clifton 2661 Ex	T ADDRESS: n of Corporations ntion Section Building recutive Center Circle see, FL 32301
Enclo	sed is a check for the folloud \$125.00 Filing Fee	owing amount:  □ \$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

	N 605.0902, FLORIDA STATUIEN, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY IENS INTHE STATE OF FLORIDA:
C.	
(Name of Foreign Lin	Beach. L.L. C. ited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LI.C.")
$\sim$	
(If name unavailable, enter alternate name	adopted for the purpose of fransacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC")
	LISTANA 1
(Jurisdiction under the law of which	foreign limited liability company is organized) (FEI number, if applicable)
4	(There first transacted business in Horizta of price to recretization )
,	(Date first transacted business in Florida, if prior to registration.) (See sections 605 0904-& 605 0905, F.S. to determine penalty liability.)
s. <u>Ziilake</u>	Michigan Dr. 6. All Lake Michigan from 1940 (Mailing Address)
	ipal Office) (Mailing Address)
1131311	(A 70461 Stidely (A 70461 )
	f Florida registered agent: (P.O. Box NOT acceptable)
Name:	Fatrick McElroy  5002 Sandestin Blud #6732  Miranas Bench Florida 32550 (Cop.) (Zapcode)
ranc.	5:00 S 1 1 Pt 1 4(73)
Office Address:	DOUR Dandestin Diva
	Mirana Beach Florida 32550
_	(City) (Zip code)
Registered agent's acceptate Having been named as regis	tered agent and to accept service of process for the above stated limited liability company at the place n, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree
	s of all statules relative to the proper and complete performance of my duties, and I am familiar with
	my position as registered agent.
_	(Registered agent's signature)
8. The name, title or capacity:	y and address of the person(s) who has/have authority to manage is/are:  Name and Address:  Title or Capacity:  Name and Address:
Kay McElro-	St. Jett (A royal
	31.421 (4.1044)
Diates	
Pat McElco	g 211 lake Michigan D. MEMBER
	31. del 14 70461
(Use attachments if necessar	y)
9. Attached is a certificate of	existence, no more than 90 days old, duly authenticated by the official having custody of records in the
	which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath
of the translator must be sub-	nitted)
10. This document is assessed	ed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information
	the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
a manufacture of a property of the	V , , ,
_	Signifure of an authorized person
	Significant of an authorized person
	Kay McElroy
_	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

## **GEAUX BEACHIN', L.L.C.**

Domiciled at SLIDELL, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on May 26, 2010,

I further certify that no Certificate of Dissolution or Termination has been issued.

FILED

18 MAR 12 PM 3-56

SECRETARY OF STATE SECRETARY OF STATE FLORIDA

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,

Suretary of State

March 6, 2018



Certificate ID: 10924510#2NJ62

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

Web 40215911K