

FO9 0000002662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

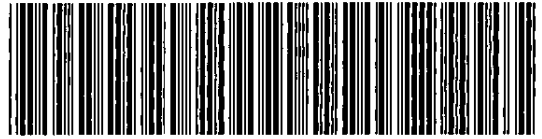
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900157225409

07/01/09--01036--010 **78.75

FILED

2009 JUL - 1 P 3 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

60-2-1
2-2-09

COVER LETTER

FILED
2004 JUL -1 P 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: New Filing Section
Division of Corporations

SUBJECT: Chailland, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Molly K. Vigour

Name of Person

Chailland, Inc.

Firm/Company

P.O. Box 8627

Address

Metairie, LA 70011

City/State and Zip code

molly@chailland.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Molly K. Vigour

Name of Person

at (504) 833-6926

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Chailland, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Louisiana

(State or country under the law of which it is incorporated)

3. 72-1212954

(FEI number, if applicable)

4. April 28, 1992

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. N/A (Company was previously registered as a foreign corp., but did not transact business.)

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2955 Ridgelake Drive; Suite 112; Metairie, LA 70002

(Principal office address)

P.O. Box 8627, Metairie, LA 70011

(Current mailing address)

8. Professional Employer Organization

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(Zip code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JUL - 1 P 3:30

FILED

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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)

E.A. Wallace
Assistant Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Donald J. Chailland

Address: 2955 Ridgelake Drive; Suite 112
Metairie, LA 70002

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Mitchell J. Chailland

Address: 2955 Ridgelake Drive; Suite 112
Metairie, LA 70002

Vice President: _____

Address: _____

Secretary: Kimberly Long

Address: 1407 Wedgewood; Cleburne, Texas 76033

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Mitchell J. Chailland

(Signature of Director or Officer listed in number 12 of the application)

14. Mitchell J. Chailland

(Typed or printed name and capacity of person signing application)

FILED
2009 JUL -1 P 3-30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

United States of America
State of Louisiana



FILED
2009 JUL - 1 P 3 30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

As Secretary of State, Jay Dardenne, I do hereby Certify that

CHAILLAND, INC.

A corporation domiciled in METAIRIE, LOUISIANA,

Filed charter and qualified to do business in this State on
April 28, 1992,

I further certify that the records of this Office indicate
the corporation 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 corporation 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,

June 30, 2009

Secretary of State
34405825D



Certificate ID: 20090630003278

To validate this certificate, visit the following web site,
go to **Commercial Division, Validate Certificate**, then
follow the instructions displayed.

www.sos.louisiana.gov