F11000002485

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(assured and promise)
(Document Number)
(Document Number)
Outford Outford
Certified Copies Certificates of Status
Special instructions to Filing Officer:
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05/16/11--01043--009 **87.50

2/1/2



T. Burch JUN 1.5.2014

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: 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," or "Certificate of Good Standing" 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:
_ Bl. Landry, UC
Po box 990
Broussard, LA 70518
City/State and Zip code City/State and Zip code City/State and Zip code City/State and Zip code E-mail address: (to be used for future innual report notification)
For further information concerning this matter, please call:
Denium Landry at (357) 839-1000 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 \$\ \text{Certificate of Status} \text{\$\subseteq} \$\$\$78.75 Filing Fee & \text{Certified Copy} \text{\$\text{Certified Copy}} \$\text{C



'RECEIVED

DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE Division of Corporations

May 17, 2011

BENJAMIN LANDY, CPA PO BOX 990 BROUSSARDI, LA 70518

SUBJECT: CHATAWA MANAGEMENT, INC.

Ref. Number: W11000027177

We have received your document for CHATAWA MANAGEMENT, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch Regulatory Specialist II

Letter Number: 611A00012186



RECEIVED 11 JUN 14 AM IO: 23

FLORIDA DEPARTMENT OF STATALLAHASSEE. FLORIDA Division of Corporations

June 1, 2011

BENJAMIN LANDY, CPA PO BOX 990 BROUSSARDI, LA 70518

SUBJECT: CHATAWA MANAGEMENT, INC.

Ref. Number: W11000027177

We have received your document for CHATAWA MANAGEMENT, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch Regulatory Specialist II

Letter Number: 511A00013456

District of Companytions D.O. DOV 6297 Wellshopper Florida 20214

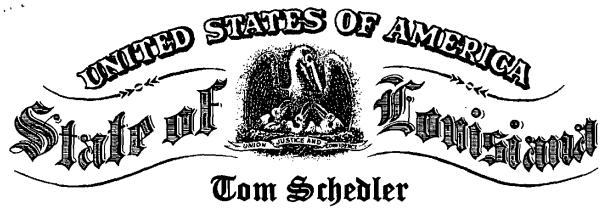
APPLICATIO	N BY FOREIGN CORPO			TRANSACT
	BUSI	NESS IN FLORI	DA	
IN COMPLIANCE WIT REGISTER A FOREIGI	H SECTION 607.1503, FLOI V CORPORATION TO TRAN	UDA STATUTES, T SACT BUSINESS II	THE FOLLOWING IS SUBM IN THE STATE OF FLORIDA	ITTED TO
1. (Enter name of corpora	tion; must include "INCORPOR	<u> </u>	YOUNY INC.	
"Inc.," "Co.," "Corp," "	Inc," "Co," or "Corp.")	reliab, com an	it, comorrion,	
				23 t
				The Contract of the Contract o
(If name unavailable in	Florida, enter alternate corpora	e name adopted for the	ne purpose of transacting busine	ess in Florida)
2. <u>(</u>		3	1-15110D44	
(State or country under	the law of which it is incorporat	ed)	(FEI number, if applicable)	
4. 3/21/1996)	5	ercetual	
(Date of inc	orporation)	(Duration:	Year dorp, will cease to exist or	r "perpetual")
6				
	(Date first transacted by	siness in Florida, if p	rior to registration) etermine penalty liability)	
- 97H	hel Ave (Principal of	Fort wa	Hen Beach F	L 32548
POBOX	GGD BOSS	ard Uf	705/8	
8				
(Purpose(s) of co	rporation authorized in home st	ate or country to be ca	arried out in state of Florida)	
9. Name and street addr	ess of Florida registered ager	it: (P.O. Box N <u>OT</u>	_acceptable)	
Name:	Phillip S. Hov	vell, Esq.		
Office Address:	620 E. Twigg	s St., Ste. 30)3	
	Tampa, FL 33	•		
	(City)	•	(Zip code)	
	-		(
	registered agent and to accep			
further agree to comply	cation, I hereby accept the ap with the provisions of all sto and accept the obligations of	itutes relative to the	proper and complete perfo	
	see-pe voilg-invita by	promises we rug	THE PERSON NAMED IN COLUMN TO THE PE	
	Find			
		7		

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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors:		
A. DIRECTORS		
Chairman:		
Address:	575A 2 1	
		共
Vice Chairman:	The state of the s	S
Address:		<u>-</u> -
	(T)	¥
		5.
Director:	50	<u>င</u> ္က
Address:		
Director:		
Address:		
1100 Ablan Foldon Rol		
Vice President:		
Address:		
Secretary:		
Address:		
Treasurer:		
Address:		
NOTE: If necessary, you may attach an addendum to the application list	ing additional officers and/or directors.	
Signature of Director or Office		
The officer or director signing this document (and who is listed in number are true and that he or she is aware that false information submitted in a dishird degree felony as provided for in s.817.155, F.S.	r 12 above) affirms that the facts stated herei ocument to the Department of State constitut	n tes a

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



SECRETARY OF STATE

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

CHATAWA MANAGEMENT COMPANY, INC.

A corporation domiciled in BROUSSARD, LOUISIANA,

Filed charter and qualified to do business in this State on March 21, 1996.

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,

May 26, 2011

Secretary of State

Web 34522346D



Certificate ID: 10170272#BFG62

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

www.sos.louisiana.gov