## F22000006409

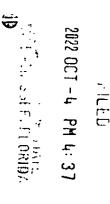
(Re	equestor's Name)			
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PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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T. LEMIEUX 0CT 17 2022

## **COVER LETTER**

<b>TO:</b> Registration Section Division of Corporations				
SUBJECT: CDL Mentors LLC				
SUBJEC1	Name of corporation - n	nust include suffix		
Dear Sir or Madam:				
The enclosed "Application by For "Certificate of Existence," or "Cention above referenced foreign corporate."	rtificate of Good Standin	g" and check are submi	Business in Florida," itted to register the	
Please return all correspondence of	concerning this matter to	the following:		
Monica Mere				
	Name of Per	son		
CDL Mentors LLC				
	Firm/Compa	ny		
4310 Ryan St. Suite 113				
	Address			
Lake Charles, LA 70605				
	City/State and	Zip code		
Monica@CDLMentors.com				
E-mai	address: (to be used for	future annual report no	tification)	
For further information concerning	ng this matter, please call	:		
Monica Mere	at (337)	602-8223		
Name of Person	Area Code	Daytime Teleph	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	RIDA DEPARTMENT O 3.75 Filing Fee & $\square$ :	OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy	