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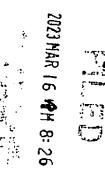
(Requestor's Name)
(Address)
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(A.1.)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Business Entity Name)
(Document Number)
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S. FRANKUM APR 5 2013

## **COVER LETTER**

	stration Section ion of Corpora						
SUBJECT:	DELTA CONS	SULTING, INC.					
SUBJECT.		Name of corporat	ion - must	include suffix			
Dear Sir or M	ladam:						
"Certificate o	f Existence," o	by Foreign Corporation for "Certificate of Good Supportion to transact bus	tanding" a	and check are sub			
Please return	all corresponde	ence concerning this ma	iter to the	following:			
MICHAEL J. I	RUSH						
		Name	of Person				
DELTA CONS	SULTING, INC.						
44-7		Firm/C	Company		<del></del>		
740 FRONT S	TREET					202	
******		Ac	idress			MAR	
NATCHITOC	HES, LA 71457					<del>"</del>	مگونتان چ 1998ء م
		City/Stat	e and Zip	code	1	<del></del>	
MRUSH@DE	LTACES.COM				હે∛ કહિ (મેં,	# # 8:	-
	E	-mail address: (to be use	ed for futu	ire annual report i	otification)	; ~	
For further in	formation con	coming this matter, pleas	se call:		·	ii o	
MICHAEL J.	RUSH	at (	352	2-3665			
Nam	ie of Person	Area C	Code	Daytime Telep	hone Number		
Regis Divis The 0 2415	EET/COURIE stration Section sion of Corpora Centre of Talla N. Monroe Str hassee, FL 32	itions hassee reet. Suite 810		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7		
Enclosed is a Please make of   8 \$70.00 Fil	heck payable to:	following amount: FLORIDA DEPARTME \$78.75 Filing Fee & Certificate of Status	□ \$78.	FATE 75 Filing Fee & ified Copy		Filing Fee eate of Sta	

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

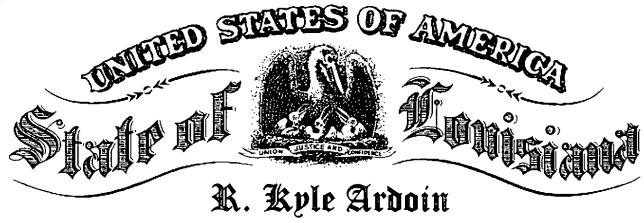
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATIO	N,"
me., co., c	orp, me, co, or corp. )		
DELTA CONSU	JLTING LA, INC.		
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacti	ing business in Florida)
LOUISIANA	3.	72-0862126	
(State or countr	y under the law of which it is incorporated)	(FEI number, if a	pplicable)
05-11-1979	5		
(Date of incorporation)		(Date of duration, if other than perpetual)	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 02, F.S to determine penalty liabi	lity)
740 FRONT STR	EET NATCHITOCHES, LA 71457		. 20
		e <u>street</u> address)	3 HAR
	(Current mailing	g address, if different)	5 . 6
Name and street	et address of Florida registered agent: (P.O.	Box NOT acceptable)	## 8: 2
Name:	REGISTERED AGENTS INC		트립 2 <b>6</b>
ffice Address:	7901 4TH ST N, STE 300		
omoc Hadreton.	ST. PETERSBURG	, Florida <sup>33702</sup>	
	(City)	(Zip code)	

10. 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.

A. DIRECTORS							
□Chairman	Name:	□Chairman	Name: BRANDON COLE THORNTON				
□Vice Chairman	Address:	□Vice Chairman	Address: 201 PENINSULA DRIVE				
Director	JENA, LA 71342	□Director	NATCHITOCHES, LA 71457				
President		□President					
□Vice President		■ Vice President					
□Secretary	□Treasurer	□Secretary	□Trcasurer				
□Other		□Other	□Other				
□Chairman	Name:	□Chairman	Name:				
	SALINE, LA 71070		NATCHITOCHES, LA 71457				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
Secretary	□Treasurer	□Secretary	Treasurer				
□Other	Other	Other					
□Director	Address:	□Vice Chairman	Name: Address: 8: 26				
□President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	Secretary	□Treasurer				
□Other	□Other	□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.  12.  Signature of Director or Officer  The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated berein are true and that he or							

she is aware that 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.



SECRETARY OF STATE

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

the Articles of Incorporation of

## **DELTA CONSULTING, INC.**

Domiciled at NATCHITOCHES, LOUISIANA,

Was filed in this Office and a Certificate of Incorporation was issued on May 11, 1979.

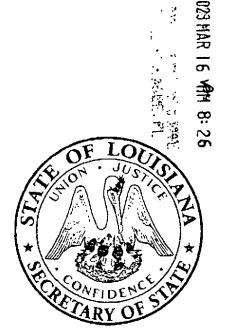
I further certify that no Certificate of Dissolution or Termination has been issued.

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,

March 13, 2023

Secretary of State

Web 32620380D



Certificate ID: 11700273#PKH62

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