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(Requ	estor's Name)			
(Address)				
* (Addre	ess)			
(City/S	state/Zip/Phon	e#)		
PICK-UP	WAIT	MAIL		
(Busin	ess Entity Na	me)		
(Docum	ment Number)		
Certified Copies Certificates of Status				
Special Instructions to Fili	ng Officer:			

B. KOHR
OCT 2 6 2011
EXAMINER



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SECRETARY OF STATE SIVISION OF CORPORATION

11 OCT 25 AM 8t 147

COVER LETTER

SUBJECT: L	.GSDA, LLC	Name of Limited Liability Company	
		iability Company for Authorization to Transact Business in Fle above referenced foreign limited liability company to transac	
Please return al	ll correspondence concerning this	matter to the following:	
	JERRY W. SULLIVAN		
t t		Name of Person	
	LGSDA, LLC	·	
•		Firm/Company	01V10 -
	3900 NORTH CAUSE	WAY BLVD., SUITE 1470	11.0C1 25
		Address	25 %
•	METAIRIE, LA 70002		
		City/State and Zip Code	H & FI
	JWSULLIVAN@LGS	SDALAW.COM :: (to be used for future annual report notification)	
. *	E-mail address	: (to be used for future annual report notification)	
For further info	ormation concerning this matter, pl	lease call:	
್ರೈ <u>JER</u>	RY W SULLIVAN	at (504) 8303990	
	Name of Person	Area Code & Daytime Telephone Number	
	LING ADDRESS:	STREET ADDRESS:	
	on of Corporations tration Section	Division of Corporations Registration Section	
	30x 6327	Clifton Building	,
Tallah	assee, FL 32314	2661 Executive Center Circle	
•		Tallahassee, FL 32301	
Enclosed is a	a check for the following am		
	00 Filing Fee \$\int\$	Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Co	
	Certificate of S	Status Certified Copy of Status & Certified	Сору
3. 3.n			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LOCA ILO	WILL SIMILOF FLORIDA.
1. LGSDA, LLC (Name of Foreign Limited Liability Company: mu	st include "Limited Liability Company," "L.L.C.," or "LLC.")
(Name of Foreign Emitted Elability Company, mu	st fielder Ellined Elability Company, E.E.C., or EEC.
If name unavailable, enter alternate name adopted for the	e purpose of transacting business in Florida and attach a copy of the writte
consent of the managers or managing members adopting t	the alternate name. The alternate name must include "Limited Liability
Company," "L.L.C," "LLC.")	
2 LOUISIANA	3
(Jurisdiction under the law of which foreign limited lial company is organized)	bility (FEI number, if applicable)
FEBRUARY 7, 2003	5. 30 YEARS
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
	E.O.
6 Date first transacted busines	s in Florida, if prior to registration.)
(See sections 608.501 & 608.5	s in Florida, if prior to registration.) 02 F.S. to determine penalty liability) SUITE 1470
3900 NORTH CAUSEWAY BLVD.,	SUITE 1470 Significant Signifi
METAIRIE, LA 70002	F STA
	ddress of Principal Office)
3. Mimited liability company is a manager-man	naged company, check here [🗸]
9. The name and usual business addresses of the	e managing members or managers are as follows:
JERRY W. SULLIVAN	
	CHITE 1470
3900 NORTH CAUSEWAY BLVD.,	3011 = 1470
METAIRIE, LA 70002	
TO A Control of Contro	and 00 days and while a sthematicated by the official beging a words of magnitude
	han 90 days old, duly authenticated by the official having custody of records in notocopy is not acceptable. If the certificate is in a foreign language, a
translation of the certificate under oath of the translator must	
10 Natire of hysiness or nurnoses to be conduc	cted or promoted in Florida: ANY LAWFUL PURPOSE
illo Martingor business of purposes to be conduc	Act of promoted in Florida.
	·
Good De	Member/Manager
	an authorized representative of a member.
(In accordance With section 608.408(3), F.S., t	the execution of this document constitutes an affirmation under the
	in are true. I am aware that any false information submitted in a

Typed or printed name of signee

JERRY W. SULLIVAN

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name of the Limited Liability Company is: LGSDA, LLC	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	
JULIE RAGAS (Name)	-
2500 S. FERDON Florida Street Address (P.O. Box NOT ACCEPTABLE)	 . :
CRESTVIEW FL 32536 City/State/Zip	 .

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

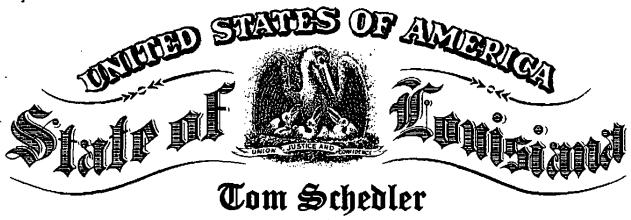
(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

5.00 Certificate of Status (optional)



SECRETARY OF STATE

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

the Articles of Organization of

LGSDA, LLC

Domiciled at METAIRIE, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on February 07, 2003,

I further certify that no Certificate of Dissolution 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,

October 18, 2011

Certificate ID: 10211368#HHH62

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

www.sos.louisiana.gov

Secretary of State