# M12000004592

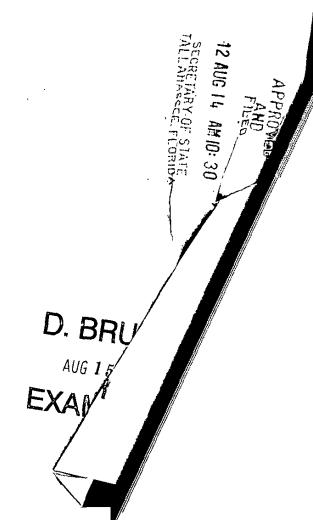
(R	lequestor's Name	)
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PICK-UP	WAIT	MAIL
(Ві	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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### **COVER LETTER**

Division of Corporations			
SUBJECT: GALLO MECHANICAL, L	L.C.		
	Limited Liability Company		
	Company for Authorization to Transact Business in Florida," or referenced foreign limited liability company to transact business.		
Please return all correspondence concerning this matter to	o the following:		
David Gallo			
	Name of Person		
Gallo Mechanical, L.L.C.			
	Firm/Company		
3850 N. Causeway Bouleva	ard, #1300		
	Address	Ξω <b>π</b>	
Metairie, LA 70002		2 AUG I 4 AM 10: 30 ECRETARY OF STATE LAHASSEF, FLORIO	
Cit	ty/State and Zip Code	ASS A	
janiceg@gallomech.com			
E-mail address: (to be u	used for future annual report notification)		
For further information concerning this matter, please cal		: 30	
August Gallo, Jr.	at (504 ) 944-6736		
Name of Person	Area Code & Daytime Telephone Number		
Division of Corporations  Registration Section  P.O. Box 6327  Tallahassee, FL 32314  Clift  Clift  Clift	REET ADDRESS: vision of Corporations gistration Section from Building of Executive Center Circle lahassee, FL 32301		
Enclosed is a check for the following amount:  \$\int\$\$\$125.00 \text{ Filing Fee}\$	\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy	;	

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Gallo Mechanical, L.L.C.  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	_
	(Name of Foreign Limited Liability Company; must include Limited Liability Company, L.E.C., or LLC.)	
co	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the nsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabi ompany," "L.L.C," "LLC.")	
	Louisiana (Jurisdiction under the law of which foreign limited liability company is organized)  3. 72-0643909 (FEI number, if applicable)	-
4.	June 01, 1945  (Date of Organization)  5. Perpetual  (Duration: Year limited liability company will cease to exist or "perpetual")	-
6.	(Date first transacted business in Florida, if prior to registration.)	-
7.	(See sections 608.501 & 608.502 F.S. to determine penalty liability)  3850 N. Causeway Boulevard, Suite 1300	12 AU
	Metairie, LA 70002 (Street Address of Principal Office)	<del>ا 1</del>
8.	If limited liability company is a manager-managed company, check here ✓	AM 10: 31
9.	The name and usual business addresses of the managing members or managers are as follows:	30
	David Gallo	_
	3850 N. Causeway Blvd., Suite 1300 Metairie, LA 70002	_
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of receiptisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a relation of the certificate under oath of the translator must be submitted.)	cords in
11	. Nature of business or purposes to be conducted or promoted in Florida: Mechanical contractor	- •
	Signature of a member or an authorized representative of a member.  (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the	
	penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a	

Typed or printed name of signee

**David Gallo** 

## 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.

2. The name and the Florida street address	ss of the registered agent and office are:
Capitol Corporate Ser	vices, Inc.
	(Name)
155 Office Plaza Dr	ive Suite A
Florida Street A	Address (P.O. Box NOT ACCEPTABLE)
Tallahassee	<sub>FL</sub> 32301
	City/State/Zip

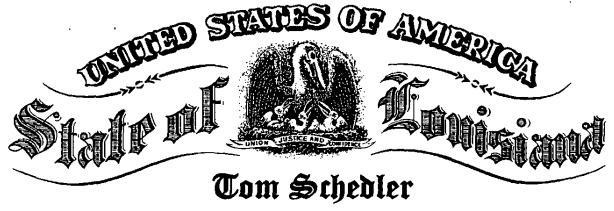
relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

\$ 100.00 Filing Fee for Application

Designation of Registered Agent 25.00

Certified Copy (optional) 30.00

Certificate of Status (optional) 5.00



SECRETARY OF STATE

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

the Articles of Organization of

#### **GALLO MECHANICAL, L.L.C.**

Domiciled at METAIRIE, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on September 05, 1967,

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,

Secretary of State

August 6, 2012

Certificate ID: 10297017#NVM73

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

www.sos.louisiana.gov

Web 27911840K