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(Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

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07/23/15--01001--022 **87.50

07/23/15--01001--024 **72.50

SUFFICIENCY OF FILING

JUL 22 PM 3: 3

FILED 2015 JUL 22 PM 2:

JUL 22 2015 Y SULKER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	Happy RiDERS 11 C. Name of Limited Liability Company
	eign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of d to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence of	concerning this matter to the following:
	How Do Name of Person
	Firm/Company
	13426 LussEau OT Address
	BATON ROUGE LA 70815 City/State and Zip Code
	#DLA Z8/2@L HoTMA: 1. com E-mail address: (to be used for future annual report notification)
For further information concerning	g this matter, please call:
#: EU Name o	Dts at (225) 362/ Of Person Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the f \$125.00 Filing Fee .	

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

COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
(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.L.C.," or "LLC.")
name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written asent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability mpany," "L.L.C," "LLC.")
Louis, ANA (Jurisdiction under the law of which foreign limited liability) 3. 47-1478949 (FEI number, if applicable)
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
(Date first transacted business in Florida, if prior to registration.)
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
13426 RUSSEAN CT
LATON POUGE, LA 708/5 (Street Address of Principal Office)
1500 Apalacher prwy 1 13426 RusseAu ot TAllahassee Fl 32301 Laton Ruset la 70815
TALLAHASSEE FI 32301 Laton RIVGE LA 70XIS
The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Hieu Do Mac
13426 RUSSEAU ET TOBLE BATON ROBO, LA 70815
Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a inslation of the certificate under oath of the translator must be submitted.)
Signature of an authorized person
(In accordance with section 605.0203, 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 document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)
Typed or printed name of signee
· / / · · · · · · · · · · · · · · · · ·

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
HAPPY RIDERS 1/C	
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: HIEU Do 1500 Apalachee pkwy (Name)	
(Name) Tallahass == Florida Street Address (P.O. Box NOT ACCEPTABLE)	
FL 3Z 301 City/State/Zip SZ 301	
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 605, Florida	And the same
Statutes.	
(Signature)	

Filing Fee for Application

Certified Copy (optional)

Designation of Registered Agent

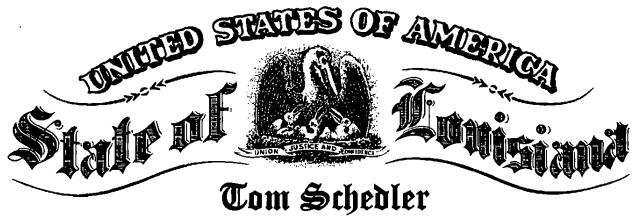
Certificate of Status (optional)

\$ 100.00

\$ 25.00

\$ 30.00

5.00



SECRETARY OF STATE

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

the Articles of Organization of

HAPPY RIDERS LLC

Domiciled at BATON ROUGE, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on July 21, 2014,

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,

July 20, 2015

TARY OF STREET

Certificate ID: 10619003#NVM73

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

Secretary of State
Web 41587661K