## M15000008379

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PICK-UP	☐ WAIT	MAIL
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## COVER LETTER

TO: Registration Section Division of Corporation	s			
SUBJECT: Le S	ARDIN 172 Name of 1	Limited Liability Company	_ <del></del>	
The enclosed "Application by Fore Existence, and check are submitted	eign Limited Liability Comp I to register the above refere	any for Authorization to Tra	nsact Business in Florida,"	Certificate of ess in Florida
Please return all correspondence c	mes S. F	following:  ARNETT  ame of Person		
	ARNOTT and	Assonal	7	
3 <sub>c</sub>	12 19th		Da- June 1	Öİ -
$\mathcal{M}$	etairie	Address  Address  Address  John Toolo 2  Jack and Zip Code		1 61 130 303 13
<u> J,,</u>	•	taindassace for future annual report not	ates. Ne to	1:00 1:00
For further information concerning	s this matter, please call:	_at (_504_)	134 (676 Time Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registrat Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle iee, FL 32301	
Enclosed is a check for the follow ☐ \$125.00 Filing Fee	ing amount:  10 \$130.00 Filing Fee &  Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	□ \$160.00 Filing Fee, Ce of Status & Certified Cop	



October 6, 2015

JAMES S BARNETT 3012 19TH ST METAIRIE, CA 70002 US

SUBJECT: LE JARDIN 172, LLC Ref. Number: W15000066377

We have received your document for LE JARDIN 172, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

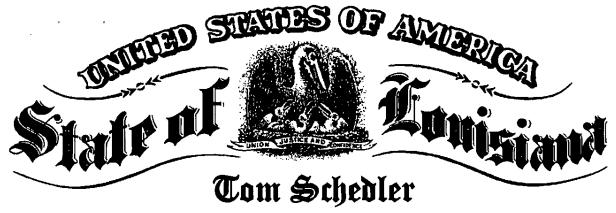
If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 715A00021146

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

IN COMPLIANCE WITH SECTION QUSURIE, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTE BUSINESS IN THE STATE OF FLORIDA:
1
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
2. JUSI (WH 3. (FEI number, if applicable) company is organized)  (Jurisdiction under the law of which foreign limited liability company is organized)
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5
3012 19th & MetAIRIC LA 70002
7. Name and street address of Florida registered agent! (P.O. Box NOT acceptable)  Name:  AMIS S AMINET
Office Address: 9201 MARKET ST LE JARDIN 172 SST 5
Registered agent's acceptance:  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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent.
(Registered agent's signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  ANES ARVET NG.
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
Signature of an authorized person  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as providely for in \$.817.155, F.S.
Typed or printed name of signee



**SECRETARY OF STATE** 

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

the Articles of Organization of

**LE JARDIN 172, LLC** 

Domiciled at METAIRIE, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on March 10, 2015,

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,

September 25, 2015

Certificate ID: 10640053#YNJ62

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 41814840K