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FLORIDA DEPARTMENT OF STATE **Division of Corporations** 

December 1, 2015

**BENJAMIN LANDRY** 720 ST NAZAIRE RD BROUSSARD, LA 70518

SUBJECT: J.M. LANDRY AND ASSOCIATES, L.L.C. Ref. Number: W15000077429

We have received your document for J.M. LANDRY AND ASSOCIATES, L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address.

Please return the corrected original and one copy of 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.

Justin M Shivers Regulatory Specialist III Registration/Qualification Section

Letter Number: 015A00025085

www.sunbiz.org

		COV	/ER LETTER		
	on Section f Corporation	6			
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		sociates, L.L.C.	Limited Liability (	Company	<u> </u>
		eign Limited Liability Comp	any for Authoriza	tion to Tra	ansact Business in Florida," Certificate y company to transact business in Flori
Please return all cor	respondence c	oncerning this matter to the	following:		
В	enjamin Landi	ry			
_		Na	me of Person		
J.	.M. Landry and	d Associates, L.L.C.			
_		Fi	rm/Company	<u> </u>	
7	20 St. Nazaire	Rd.			
			Address		
В	roussard, Loui	isiana 70518			
		City/St	ate and Zip Code		
bla	ndry@bllandr				
		E-mail address: (to be used	for future annual	report not	ification)
	_	, this matter, please call:			
For further informat Wilbur L.	Stiles, III		_ at (	344-96	
Wilbur L.	Stiles, III Name of	this matter, please call:		_) Day	time Telephone Number
Wilbur L. <u>MAILING</u> Division of	Stiles, III Name of ADDRESS: Corporations		_ at (	_) Day <u>STREET</u> Division	time Telephone Number <u> <b>ADDRESS:</b></u> of Corporations
Wilbur L. <u>MAILING</u> Division of Registratio	Stiles, III Name of ADDRESS: Corporations n Section		_ at (	) Day <u>STREET</u> Division Registrati	time Telephone Number <u> <b>ADDRESS:</b></u> of Corporations ion Section
Wilbur L. <u>MAILING</u> Division of Registratio P.O. Box 6	Stiles, III Name of ADDRESS: Corporations n Section		_ at (	_) Day <u>STREET</u> Division Registrati Clifton B 2661 Exe	time Telephone Number <u> <b>ADDRESS:</b></u> of Corporations ion Section
Wilbur L. MAILING Division of Registratio P.O. Box 6 Tallahassee	Stiles, III Name of ADDRESS: Corporations n Section 327 e, FL 32314	Contact Person	_ at (	_) Day <u>STREET</u> Division Registrati Clifton B 2661 Exe	rtime Telephone Number <b>ADDRESS:</b> of Corporations ion Section uilding secutive Center Circle
Wilbur L. MAILING Division of Registratio P.O. Box 6 Tallahassee	Stiles, III Name of ADDRESS: Corporations n Section 327 e, FL 32314 for the followi	Contact Person	_ at (	_) Day STREET Division Registrati Clifton B 2661 Exe Tallahass	rtime Telephone Number <b>ADDRESS:</b> of Corporations ion Section uilding secutive Center Circle
Wilbur L. <u>MAILING</u> Division of Registratio P.O. Box 6 Tallahassed Enclosed is a check	Stiles, III Name of ADDRESS: Corporations n Section 327 e, FL 32314 for the followi	f Contact Person ng amount: S \$130.00 Filing Fee &	_ at ( Area Code	_) Day STREET Division Registrati Clifton B 2661 Exe Tallahass	TADDRESS: of Corporations ion Section uilding ecutive Center Circle see, FL 32301
Wilbur L. <u>MAILING</u> Division of Registratio. P.O. Box 6 Tallahassee Enclosed is a check □ \$125.00	Stiles, III Name of ADDRESS: f Corporations n Section 327 e, FL 32314 for the followi Filing Fee	f Contact Person ng amount: ■ \$130.00 Filing Fee & Certificate of Status	_ at ( Area Code \$155.00 Filin Certified Copy	_) Day STREET Division ( Registrati Clifton B 2661 Exe Tallahass ng Fee &	ADDRESS: of Corporations ion Section uilding secutive Center Circle see, FL 32301 \$160.00 Filing Fee, Certificate of Status & Certified Copy
Wilbur L. <u>MAILING</u> Division of Registratio P.O. Box 6 Tallahassed Enclosed is a check	Stiles, III Name of ADDRESS: f Corporations n Section 327 e, FL 32314 for the followi Filing Fee	f Contact Person ng amount: ■ \$130.00 Filing Fee & Certificate of Status	_ at ( Area Code \$155.00 Filin Certified Copy	_) Day STREET Division ( Registrati Clifton B 2661 Exe Tallahass ng Fee &	ADDRESS: of Corporations ion Section uilding secutive Center Circle see, FL 32301 \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN-UMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. J.M. Landry and Associates, L.L.C.

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." or "LLC.")

(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.")

Louisiana		3. 72-1445568		
	of which foreign limited liability	J	(FEI number, if applicab	le)
•	(Data first transmitted business	a in Flanida (Canica ta		
800 S. L	(Date first transacted busines: (See sections 605.0904 & 605.0 Ruis St. Suite	1905, F.S. to determine	penalty liability)	
New Ita	eria LA DO	incipal Office)		
P.O. BO	x 13816	·····	· · · · · · · · · · · · · · · · · · ·	
New IV	Derig LA M	10562		
	(Mailing A	ddress)		
. Name and street addres	s of Florida registered agent: (P.C	). Box <u>NOT</u> accepta	ible)	
Name:	Steve Southerland			
Office Address:	708 W 11th St.			
	Panama City		, Florida <u>32401</u>	
legistered agent's accept	(City)		(Zip code)	
laving been named as rep	gistered agent and to accept servi tion, I hereby accept the appointn	ment as registered ag	ent and agree to act in t	this capucity. I further agr
complywith the provision	ons of all statutes relative to ne p my position as registered agent.	refer and complete	performance of my duti	ies, and Fam familiar with
comply with the provision	ons of all statutes relative to ne p ny position as registered agent.	red agent's signature)	performance of my duti	ies. and Fam Jasillar with CRE IS
o complywith the provision complywith the provision complete the obligations of n	ons of all statutes relative to ne p ny position as registered agent.	red agent's signature)	2	ies. anti-fam Jamillar with Ies. anti-fam Jamillar with DEC 15 AH
o complywith the provisio accept the obligations of n	ons of all statutes relative to ne p my position as registered agent. (kegister acity and address of the person(s) v	red agent's signature)	2	ies. and Fam Just DEC 15 AH 8:
<ul> <li>complywith the provision complywith the provision complete the obligations of n</li> <li>3. The name, title or capa</li> </ul>	ons of all statutes relative to ne p my position as registered agent. (kegister acity and address of the person(s) v	red agent's signature)	2	ies. and Fam Jus DEC 15 AH 8: 24

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 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 provided for in s.817.155, F.S.

Benjamin Landry



J.M. LANDRY & ASSOCIATES, INC.

A corporation domiciled in BROUSSARD, LOUISIANA,

Filed charter and qualified to do business in this State on May 26, 1999,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

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,

November 19, 2015

Georetary, of State

Web 34796321E



Certificate ID: 10656417#NJ62

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