

MIL000001786

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(Address)

(Address)

(City/State/Zip/Phone #)

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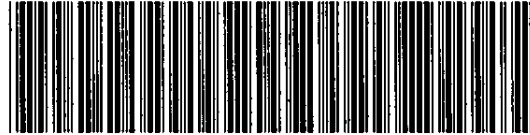
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Name	Type	City	Status
FSA ENTERPRISES, L.L.C.	Limited Liability Company	MANDEVILLE	Active

### Previous Names

**Business:** FSA ENTERPRISES, L.L.C.

**Charter Number:** 41104076K

**Registration Date:** 3/8/2013

### Domicile Address

779 BOCAGE  
MANDEVILLE, LA 70471

### Mailing Address

779 BOCAGE  
MANDEVILLE, LA 70471

### Status

**Status:** Active

**Annual Report Status:** In Good Standing

**File Date:** 3/8/2013

**Last Report Filed:** 2/21/2015

**Type:** Limited Liability Company

### Registered Agent(s)

**Agent:** THOMAS FORD  
**Address 1:** 779 BOCAGE  
**City, State, Zip:** MANDEVILLE, LA 70471  
**Appointment Date:** 3/8/2013

### Officer(s)

Additional Officers: No

**Officer:** THOMAS FORD  
**Title:** Manager, Member  
**Address 1:** 779 BOCAGE  
**City, State, Zip:** MANDEVILLE, LA 70471

**Officer:** MELVIN ARTHUR  
**Title:** Manager, Member  
**Address 1:** 779 BOCAGE LANE  
**City, State, Zip:** MANDEVILLE, LA 70471

### Amendments on File (3)

Description	Date
Appointing, Change, or Resign of Officer	12/11/2014
Annual Report	2/23/2014
Annual Report	2/21/2015

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FSA Enterprises L.L.C.  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Thomas Ford  
Name of Person

FSA Enterprises L.L.C.  
Firm/Company

P.O. Box 6671  
Address

Key West, FL 33041  
City/State and Zip Code

fordcga@gmail.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Thomas Ford at ( 985 ) 237 4883  
Name of Contact 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 following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$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 LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. FSA ENTERPRISES 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.")

2. LOUISIANA 3. 46-2220231  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 512 Front Street  
Key West, Florida 33040  
(Street Address of Principal Office)

6. P.O. Box 6671  
Key West, Florida 33041  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Thomas Ford  
Office Address: 512 Front Street  
Key West, Florida 33040, Florida 33040  
(City) (Zip code)

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 comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Thomas C. Ford  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Thomas Ford Manager - Member

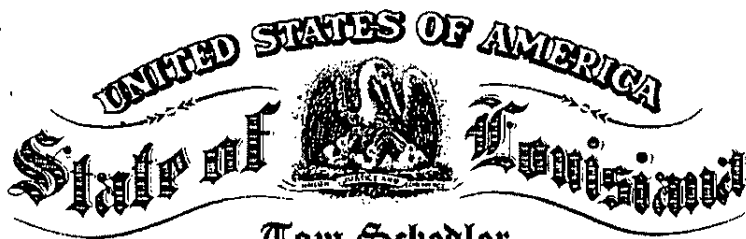
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Thomas W Ford  
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 provided for in s.817.155, F.S.

Thomas W Ford  
Typed or printed name of signee

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**Tom Schedler**  
SECRETARY OF STATE

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

the Articles of Organization of

**FSA ENTERPRISES, L.L.C.**

Domiciled at MANDEVILLE, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on March 08, 2013,

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,

February 25, 2016

*Secretary of State*

Web 41104076K



Certificate ID: 1C685031#JH-62

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](http://www.sos.la.gov)

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