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## **COVER LETTER**

	of Corporations
	ameun
SUBJECT:	Name of Limited Liability Company
The enclosed "Ap Existence, and ch	oplication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of eck are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all o	correspondence concerning this matter to the following:
	Jovi-Victoria Inomas-Morgan
	Name of Person .
÷	harrieux, LLC Es 5
	Firm/Company
	1430 NWilson aves 55 = 5
	Address ES
	Barton, Florida 338300
	City/State and Zip Code
_	E-mail address: (to be used for future annual roport notification)
For further inform	nation concerning this matter, please call:
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	The same of the sa
<u> LOVI</u>	Name of Contact Person Area Code Daytime Telephone Number
	NG ADDRESS: STREET ADDRESS:
	of Corporations Division of Corporations Registration Section
P.O. Box	
i attanas	Tallahassee, FL 32301
	ck for the following amount:  00 Filing Fee  \$\sum_{\text{\$\subset}} \frac{1}{3}\$130.00 Filing Fee & \$\sum_{\text{\$\subset\$}} \frac{1}{3}\$160.00 Filing Fee, Certificate of Status & Certified Copy  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 ŞTATE OF FLORIDA:
Larrieux, LLC
(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
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 1430 N. Wilson Ave, ##115 FL 33830 (Street Address of Principal Office)
6. 1430 N. Wilson Ave, APT#115 FL33830 APR & I
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Oovi-Victoria Womas-Morgan Office Address: 430 N. Wilson Ark #15
Barton, Florida 33830 (City), Florida (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 complywith 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.
mi let Homes More
(Registered agent's signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Jon-Victoria Inemas-Morgan, Duner
1430No Wilson Ave Ad #1150 Ravtow, FL 33830
Jarah Thomas, Co-Owner-4176 Millersnile Rd. Indpls, I46205
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)
ail a
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.
Jovi - Victor a Thomas - Murgan Typed or printed name of signee

# STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

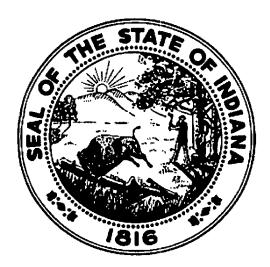
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

### LARRIEUX LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on February 12, 2016, and was in existence or authorized to transact business in the State of Indiana on February 22, 2016.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twenty-Second Day of February, 2016.

Corrie Lawson

Connie Lawson, Secretary of States CRECRES 2016021200 SSEE, FLORIDA 9: 33