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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	TRA-V LLC
SUBJ	Name of Limited Liability Company
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate ones, and check are submitted to register the above referenced foreign limited liability company to transact business in Floridation.
Please	return all correspondence concerning this matter to the following:
	Cindy Trahan
	Name of Person
	TRA-V LLC
	Firm/Company
	141 Ridgeway Drive, Suite 203
	Address
	Lafayette, LA 70503
	City/State and Zip Code
	cindy@trahangroup.com
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	Cindy Trahan 337 849-4922 at ()
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclos	ed is a check for the following amount: \$\Boxed{\text{S125.00 Filing Fee}} \Boxed{\text{S130.00 Filing Fee}} \& \Boxed{\text{S155.00 Filing Fee}} \& \Boxed{\text{S160.00 Filing Fee}} \& \Certificate \\ \text{Certificate Copy} \end{\text{Certified Copy}} \]

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

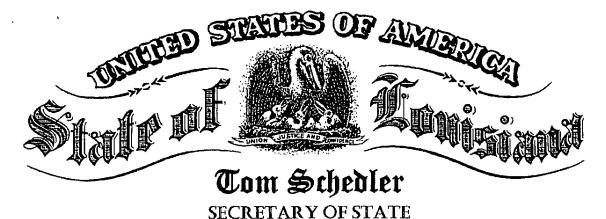
IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	lternate name adopted for the purpose of transact	ting business in Florida. The alternate nar	ne musi	t include "I	 Limited
iability Company," "L.L.C.	•				
Louisiana	$\frac{72-}{\text{of which foreign limited liability}}$	1300150	<u>. </u>		
company is organized)	of which foreign limited liability	(FEI number, if applicable)		
	(Date first transacted business in Florida (See sections 605.0904 & 605.0905, F.S. t	a, if prior to registration.) to determine penalty liability)	_		
4/2/2016	•	, , , , , , , , , , , , , , , , , , , ,			
	7	· · · · · · · · · · · · · · · · · · ·	_		
141 Ridgeway Drive, S	Suite 203 (Street Address of Principal Of	¥200)	_		
	•				
•			- 125 - 125		
141 Ridgeway Drive, S	Suite 203 Lafayette, LA 70503	Company of the compan	- 🚎	-	;
	(Mailing Address)	্র ক্রি জুরু ক্রি জুরু অ	(<)	13,000,000	1. 6.
. Name and street address	ss of Florida registered agent: (P.O. Box No.	OT acceptable)	0	m	7
Name:	Jovette Mosing		Ü		<u>.</u>
Office Address:	219 Scenic Gulf Drive, Unit 1320	SET OF THE PERSON OF THE PERSO	± 2.		, ž
Office Aggress:	Miramar Beach, FL		Ē		
	(City)	, Florida (Zip code)		2.45 &	
tegistered agent's accep		(Zip code)			
	gistered agent and to accept service by pro-	egistered agent and agree to act in th	is capa	acity. I fu	rther (
laving been named as re esignated in this applica o complywith the provisi	tion, I hereby accept the appointment as resons of all statutes relative to the proper and my position as registered agent. (Registered agent's		_		
laving been named as re esignated in this applica o complywith the provisi ccept the obligations of	tion, I hereby accept the appointment as re ons of all statutes relative to the proper and my position as registered agent.	signature)	_		
laving been named as reesignated in this applicate complywith the provisic ccept the obligations of the control	tion, I hereby accept the appointment as resons of all statutes relative to the proper and my position as registered agent. (Registered agent's	signature)	_		
laving been named as re esignated in this applica o complywith the provisi ccept the obligations of	tion, I hereby accept the appointment as resons of all statutes relative to the proper and my position as registered agent. (Registered agent's	signature)	_		
laving been named as reesignated in this applicate complywith the provision coupt the obligations of the control of the contro	tion, I hereby accept the appointment as resons of all statutes relative to the proper and my position as registered agent. (Registered agent's	signature)	_	<u>-</u>	

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.

Typed or printed name of signee

Todd Trahan



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

the Articles of Organization of

TRA - V, L.L.C.

Domiciled at LAFAYETTE, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on July 14, 1995,

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,

June 15, 2016

Certificate ID: 10721069#WYN83

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

Web 34500923K