## M6000546H

(Re	questor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

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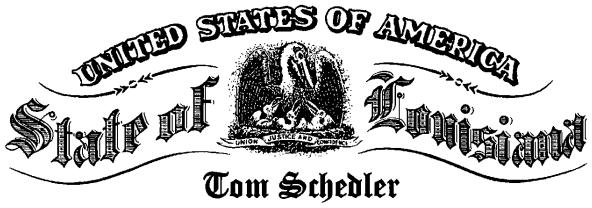
TO:		ation Section n of Corporation	ns						
SUBJI		LA DUNES, LL	c						
3010			Name of	Limited Liability (	Company				
			eign Limited Liability Comp d to register the above refer						
Please	return all	correspondence c	concerning this matter to the	following:	•				
		BRETT S. LAI	.A						
	٠,	O.M.	N	ame of Person			<del></del>		
		···	F	rm/Company					
		204 SOUTH T	YLER STREET						
				Address					
		COVINGTON,	, LA 70433				TALL	ਰ	
			City/S	tate and Zip Code					-:]
		brett@gctaxlaw.o	com				資金	တ်	
	•		E-mail address: (to be use	d for future annual	report not	tification)		10 mm	()
For fu	ther infor	mation concerning	g this matter, please call:				OR TA	III II: 42	
	Brett L	ala		504 at (	237-95	32	S.	· 5	
		Name o	f Contact Person	Area Code	Day	time Telephone Nu	nber		
	Divisio Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section ox 6327 ssee, FL 32314			Division Registrat Clifton B 2661 Exe	F ADDRESS: of Corporations ion Section duilding ecutive Center Circle see, FL 32301	:		
Enclos		eck for the follow 6.00 Filing Fee	ing amount: ■ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filis Certified Copy	ng Fee &	□ \$160.00 Filing of Status & Certif			

## 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:

Liability Company," "L.L.C."	Iternate name adopted for the purpos " or "LLC.")	e of transacting business in	Florida. The alternate nam	e must include "Limi	ted
2. Louisiana		3. 81-3054127			
(Jurisdiction under the law company is organized)	of which foreign limited liability	· (F	El number, if applicable)		
4. N/A					
· .	(Date first transacted busine (See sections 605.0904 & 605	ess in Florida, if prior to regi	stration.)		
5 1150 Santa Rosa Boule		.0905, P.S. to determine pen	atty nability)	12 S <b>3</b>	
5				E CF	
Fort Walton Beach, Flo					77
	(Street Address of	Principal Office)		1 58 A	-
6. 204 South Tyler Street				Mig o	LED
Covington, LA 70433				MI II: 42 F STATE FLORIDA	
	(Mailing	Address)			
7. Name and street addres	ss of Florida registered agent; (P			は国際	
	Luis Espinel	.o. Box Moracecpusore	,		
Name:					
Office Address:	1947 Boardwalk Drive				
	Miramar Beach	F	lorida 32550		
	(City)	, <b>, ,</b>	lorida 32550 (Zip code)	•	
	gistered agent and to accept ser tion, I hereby accept the appoin	tment as registered ageni	t and agree to act in thi	s capacity. I furthe	
to complywith the provisi	ons of all statutes relative to the my position as registered agent.	proper and complete per	jormance of my auties,	ana i am jamiliar	
to complywith the provisi	my position as registered agent.	Espirel	formance of my auties,		
to complywith the provisi	my position as registered agent.	tered agent's signature)	jormance of my auties,	ana i am jamular	
to complywith the provision accept the obligations of i	my position as registered agent.	tered agent's signature)		ana i am jamular	
to complywith the provision accept the obligations of the obligations of the same, title or capa	my position as registered agent.	tered agent's signature) ) who has/have authority t		ana i am jamular	
to complywith the provision accept the obligations of the obligations of the second sec	my position as registered agent.  (Registacity and address of the person(s)  Millikens Bend, Covington, La	tered agent's signature) ) who has/have authority to A 70433			
to complywith the provision accept the obligations of the obligations of the second sec	my position as registered agent.  (Regis	tered agent's signature) ) who has/have authority to A 70433		ana i am jamular	
to complywith the provision accept the obligations of the obligations of the second sec	my position as registered agent.  (Registacity and address of the person(s)  Millikens Bend, Covington, La	tered agent's signature) ) who has/have authority to A 70433			
to complywith the provision accept the obligations of a secret the obligations of a secret Lala - Manager - 67  Stacey Lala - Manager - 69  9. Attached is a certificate	my position as registered agent.  (Registrative and address of the person(s) (6 Millikens Bend, Covington, Late of existence, no more than 90 desof which it is organized. (If the content of the content	tered agent's signature) ) who has/have authority to the control of the control o	o manage is/are:	custody of records i	with and
8. The name, title or capa Brett Lala - Manager - 67 Stacey Lala - Manager - 69 9. Attached is a certificate jurisdiction under the law	my position as registered agent.  (Regis acity and address of the person(s 6 Millikens Bend, Covington, La 676 Millikens Bend, Covington, e of existence, no more than 90 de of which it is organized. (If the cubmitted)	tered agent's signature)  ) who has/have authority to the property of the prop	o manage is/are:	custody of records i	with and
8. The name, title or capa Brett Lala - Manager - 67 Stacey Lala - Manager - 69 9. Attached is a certificate jurisdiction under the law	my position as registered agent.  (Regis acity and address of the person(s 6 Millikens Bend, Covington, La 676 Millikens Bend, Covington, e of existence, no more than 90 de of which it is organized. (If the cubmitted)	tered agent's signature) ) who has/have authority to the control of the control o	o manage is/are:	custody of records i	with and
8. The name, title or capa Brett Lala - Manager - 67 Stacey Lala - Manager - 69 9. Attached is a certificate jurisdiction under the law of the translator must be so	my position as registered agent.  (Regis acity and address of the person(s 6 Millikens Bend, Covington, La 676 Millikens Bend, Covington, e of existence, no more than 90 de of which it is organized. (If the cubmitted)	tered agent's signature)  ) who has/have authority to the Around Toward	o manage is/are:  I by the official having one of the inguage, a translation of the inguage.	custody of records in the certificate under	with and

Typed or printed name of signee



SECRETARY OF STATE

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

a copy of the Articles of Organization and Initial Report of

**LALA DUNES, LLC** 

Domiciled at COVINGTON, LOUISIANA,

Was filed and recorded in this Office on June 27, 2016,

And all fees having been paid as required by law, the limited liability company is authorized to transact business in this State, subject to the restrictions imposed by law, including the provisions of R.S. Title 12, Chapter 22.

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 27, 2016

Secretary of State

WEB 42311383K



Certificate ID: 10724493#6QK73

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