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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Group IV, LLC  
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:

Russ Walker

Name of Person

Group IV, LLC

Firm/Company

1022 Antomine Street

Address

New Orleans, LA 70115

City/State and Zip Code

russ@alum.mit.edu

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Russ Walker

Name of Contact Person

at ( 504 )

Area Code

415-7066

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. Group IV, 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. LOUISIANA 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)  
company is organized)

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

5. \_\_\_\_\_  
1022 ANTONINE STREET  
(Street Address of Principal Office)

6. \_\_\_\_\_  
NEW ORLEANS, LA 70115  
(Mailing Address)

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

Name: REGISTERED AGENTS INC  
Office Address: 3030 N. ROCKY POINT DRIVE, STE 150A  
TAMPA, Florida 33607  
(City) (Zip code)

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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.

Russ Walker  
(Registered agent's signature)

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

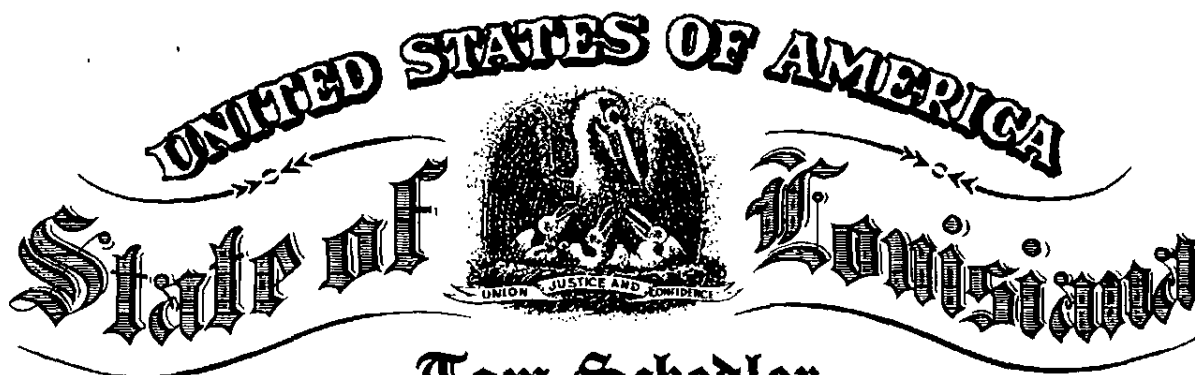
RUSS WALKER  
MANAGER

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)

Russ Walker  
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.

RUSS WALKER  
Typed or printed name of signee



**Tom Schedler**  
SECRETARY OF STATE

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

the Articles of Organization of

**GROUP IV, L.L.C.**

Domiciled at NEW ORLEANS, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on April 10, 2006,

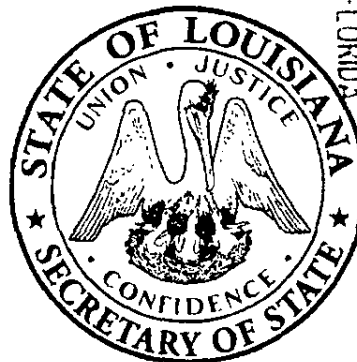
I further certify that no Certificate of Dissolution has been issued.

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,

August 18, 2016

*Secretary of State*

Web 36159718K



SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Certificate ID: 10739410#KUL73

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)**