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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Pete Vicari General Contractor, 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:

Peter Vicari

Name of Person

Pete Vicari General Contractor, LLC

Firm/Company

1900 Destrehan avenue

Address

Harvey, LA 70058

City/State and Zip Code

pete@petevicari.com

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

For further information concerning this matter, please call:

Pete Vicari

Name of Contact Person

at (504)

Area Code

347-1196

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. Pete Vicari General Contractor, 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. 72-0914168
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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. 1900 Destrehan Avenue
Harvey, LA 70058
(Street Address of Principal Office)

6. 1900 Destrehan Avenue
Harvey, LA 70058
(Mailing Address)

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

Name: AAA Construction School, Inc. dba BSI Contractor Services
AND JACKIE PARDI
Office Address: 36 Arlington Road S
Jacksonville, Florida 32216
(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.

[Signature]
(Registered agent's signature)

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

<u>Peter G Vicari</u>	<u>Member</u>	<u>1900 Destrehan Ave., Harvey, LA</u>	<u>70058</u>
<u>Barbara t. Vicari</u>	<u>Member</u>	<u>1900 Destrehan Ave., Harvey, LA</u>	<u>70058</u>
<u>Peter J Vicari</u>	<u>Manager</u>	<u>1900 Destrehan Ave., Harvey, LA</u>	<u>70058</u>

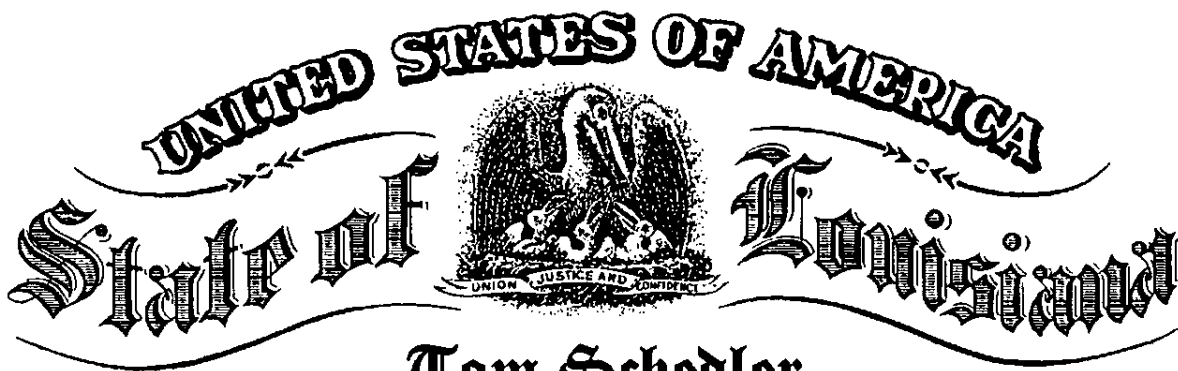
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must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

[Signature]
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.

Peter G Vicari
Typed or printed name of signee

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



Tom Schedler
SECRETARY OF STATE

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

the Articles of Organization of

PETE VICARI GENERAL CONTRACTOR, L.L.C.

Domiciled at HARVEY, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on May 18, 1981,

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 23, 2016

Secretary of State

Web 33429270K



Certificate ID: 10740728#UXM73

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