

M16000007355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

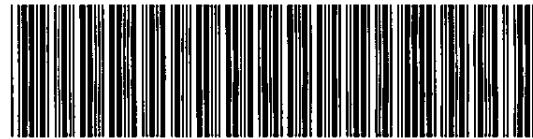
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Rodriguez Enterprise, LLC of MS dba Exporca
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:

Denis C Rodriguez
Name of Person

Rodriguez Enterprise, LLC of MS dba Exporca
Firm/Company

3837 Maryland Avenue
Address

Shreveport, LA 71106
City/State and Zip Code

dyad @ icloud. com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose A Rodriguez at (318) 317 - 8887
Name of Contact Person Area Code 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

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. Rodriguez Enterprise, LLC of MS
(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. 46-2650714
(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. 3837 Maryland Avenue
Shreveport, LA 71106
(Street Address of Principal Office)

6. 3837 Maryland Avenue
Shreveport, LA 71106
(Mailing Address)

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

Name: Ofelia R Rodriguez
Office Address: 7985 NW 7th Street
Miami, Florida 33124
(City) (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Ofelia Rodriguez
(Registered agent's signature)

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

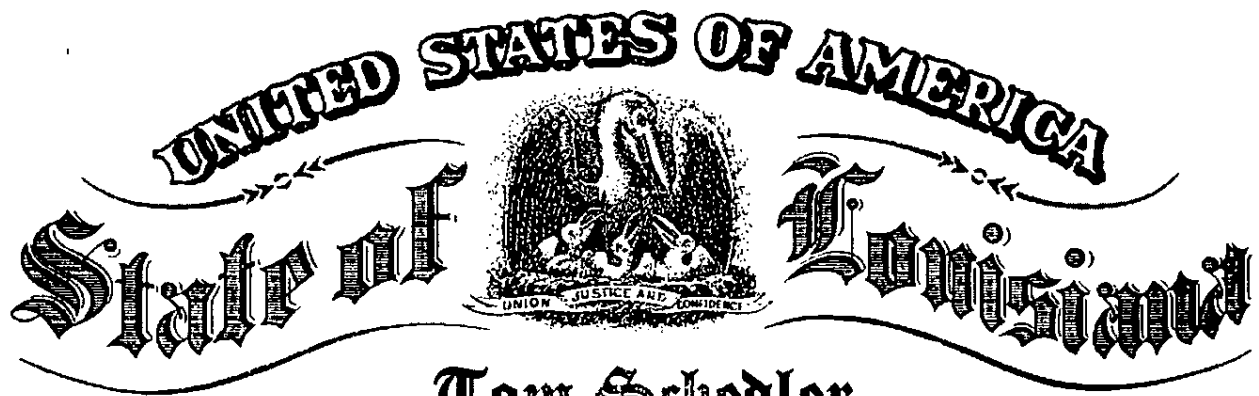
Denis C Rodriguez, managing member, 3837 Maryland Ave, Shreveport, LA 71106
Jose A Rodriguez, managing member, 3837 Maryland Ave, Shreveport, LA 71106

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)

Denis C Rodriguez
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.

Denis C Rodriguez
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
an Application for Certificate of Authority of

RODRIGUEZ ENTERPRISE, LLC OF MS

Domiciled at CARTHAGE, MISSISSIPPI, was filed in this Office on May 30, 2013,

I further certify that no certificate of withdrawal has been issued.

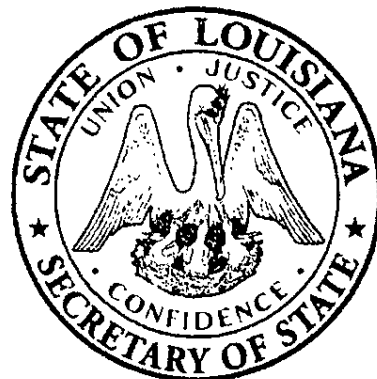
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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,

September 12, 2016

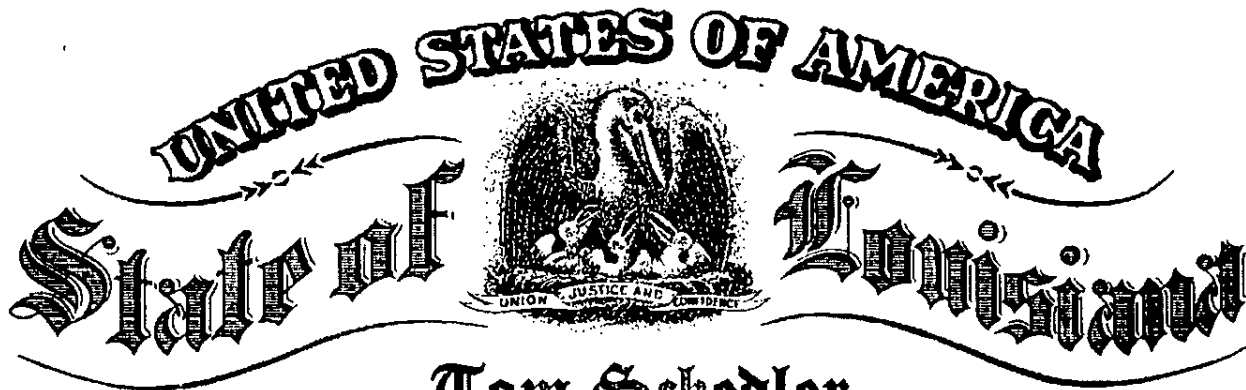
Secretary of State

Web 41185976Q



Certificate ID: 10746983#F5P83

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



Tom Schedler
SECRETARY OF STATE

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

RODRIGUEZ ENTERPRISE, LLC OF MS

A limited liability company domiciled in CARTHAGE, MISSISSIPPI,

Filed charter and qualified to do business in this State on May 30, 2013,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

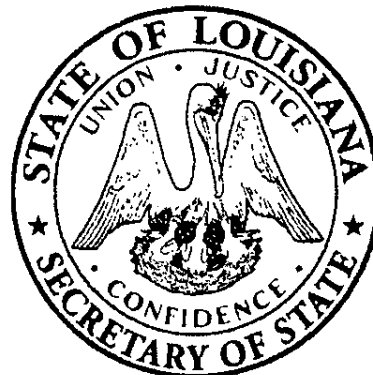
I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

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,

September 12, 2016

Secretary of State

Web 41185976Q



Certificate ID: 10746981#XYN83

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