## M17000005992

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



800301112178

07/10/17--01039--014 \*\*125.00

FILED

FILED

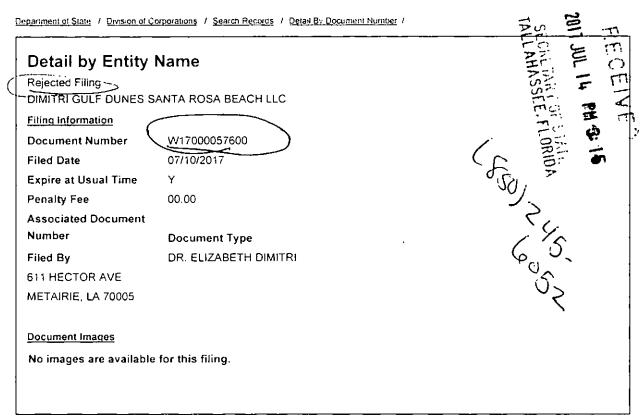
FILED

FILED

D. SCOTT JUL 17 2017 Florida Deparagent of State

DIVISION OF CORPORATIONS





Planta Department of State: Division of Corporations

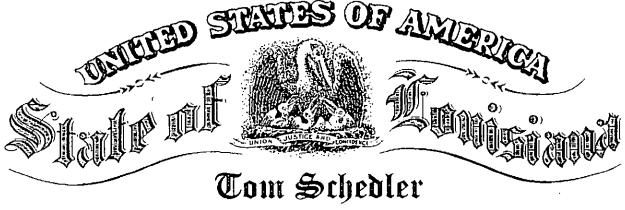


## COVER LETTER

TO: Registration Section Division of Corporation	ons			
SUBJECT:	Gulf Dunes Name of	Sarta Rosa Limited Liability Company	Beach Lic	
			ansact Business in Florida," Certificate o y company to transact business in Florid	
Please return all correspondence	concerning this matter to the	following:		
<u></u>	Elizabeth	ame of Person		
Firm/Company				
611 Hector Ave				
Metairie LA 70005-4415 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Connie	Smallwood of Contact Person	at (So\)32_ Area Code	7-6393 rtime Telephone Number	
MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	<u>s:</u>	STREET Division Registrat Clifton B 2661 Exe	F ADDRESS: of Corporations ion Section	
Enclosed is a check for the follows: \$125.00 Filing Fee	wing amount:  S130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy	S160.00 Filing Peo-Certificate of Status & Certifical Copy	

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

TO COMPLETICE OF THE RECTION 605,0002, FLORIDGE STATUTES, THE POLICE COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDGE.	
1. Same of Foreign Limited Liability Company, must include "Limited L.	Tability Company, "T. I. C.," or "I) C."
Dimita Gall Du Dec SAB 640	_1
(If name massadable, enter afternate name adopted for the purpose of transacting business in Florida	The alternate mane most include "Limited Liability Company," "L4, C," or "L11")
(hursdiction under the Law of which foreign limited hability company is organized)	3. 46-1610927 (Transper d'applicable)
4). (Date flust transacted business in Florida, if prior to reg (See sections 605 0903 & 605 0905, 1-8) to determine	shation) penalis hability
5. ON Hecke (Ave	
Metailie LA 7005-4415	6. 3715 William BIVD Sie 100 Konner LA 70065
1010117, 27 10015-21115	10111111
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box 1)	<u>MOT</u> acceptable)
Name: Vatricia Mikel	i Circul Novelet
Office Address: Trust Mark Brak	7700 U.S. Hay 98 Wost
Sania Rosa Beach	Florida 32959
Registered agent's acceptance:	(Zip code)
Having been named as registered agent and to accept service of pro-	
designated in this application. I hereby-accept the appointment as i to comply with the provisions of all stagites relative to the proper a	
and accept the obligations of my position of registered agent.	
- dun H	
(Registered agent's sign	oMuc)
8. The name, title or capacity and address of the person(s) who has/	
Title or Capacity: Name and Address:	Title or Capacity: Name and Address:
Mariga Di Discopation)	201
Ritari? La	10005
·	
	<u> </u>
(Use attachments if necessary)	φ.
9. Attached is a certificate of existence, no more than 90 days old, dr	ly authenticated by the official having custody of records in the
jurisdiction under the law of which it is organized. (If the certificate of the translator must be submitted)	is in a foreign language, a translation of the certificate under oath
•}	
10. This document is executed in accordance with section 605.0203 ( submitted in a document to the Department of State constitutes a thire	
1 day da	
Signature of	an authorized person
Daniel A Day	
Vatrica A Calket	inted name of signer



SECRETARY OF STATE

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

the Articles of Organization of

## **DIMITRI GULF DUNES SANTA ROSA BEACH, L.L.C.**

Domiciled at KENNER, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on December 14, 2012,

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

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be attixed at the City of Baton Rouge on,

July 13, 2017

Certificate ID: 10848543#8QK73

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

Secretary of State
Web 41021675K