

M1700000802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

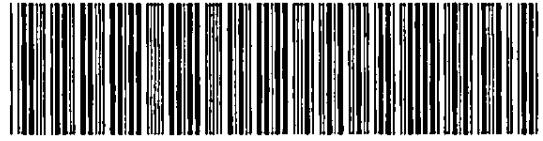
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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TALLAHASSEE, FLORIDA

SEP 21 2017

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 1, 2017

JENNY MEVERS
29089 KRENTEL RD STE 200
LACOMBE, LA 70445 US

SUBJECT: 4LP, LLC
Ref. Number: W17000072081

We have received your document for 4LP, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$125.00.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 417A00018168

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4LP, 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:

JENNY MEVERS
Name of Person
4LP, LLC
Firm/Company
29089 KRENTEL RD., SUITE 200
Address
LACOMBE, LA 70445
City/State and Zip Code
jmevers@4lp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JENNY MEVERS 985 882-2982 EXT 2840
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

W17 - 72081

NO \$

RECEIVED
2017 AUG 31 PM 3:07
SECRETARY OF STATE

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. 4LP, 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 (Jurisdiction under the law of which foreign limited liability company is organized) 3. 47-2846692 (FEI number, if applicable)

4. 08/01/2017
(Date first transacted business in Florida, if prior to registration.)
 (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

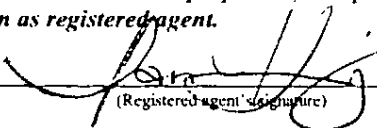
5. 4LP, LLC (Street Address of Principal Office) 6. SAME (Mailing Address)
29089 KRENTEL RD., STE. 200
LACOMBE, LA 70445

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

Name: IAIN KING
 Office Address: 404 MARINA POINT DRIVE
NICEVILLE, Florida 32578
(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.


(Registered agent's signature)

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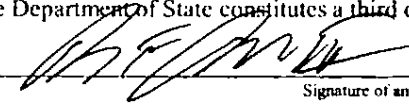
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>MANAGER/OWNER</u>	<u>ROBERT F MORRIS, III</u> <u>29089 KRENTEL RD., STE 2</u> <u>LACOMBE, LA 70445</u>	<u>MANAGER/OWNER</u>	<u>STEPHEN D MORRIS</u> <u>29089 KRENTEL RD, STE 2</u> <u>LACOMBE, LA 70445</u>
<u>MANAGER</u>	<u>JENNY MEVERS</u> <u>29089 KRENTEL RD, STE 20</u> <u>LACOMBE, LA 70445</u>		

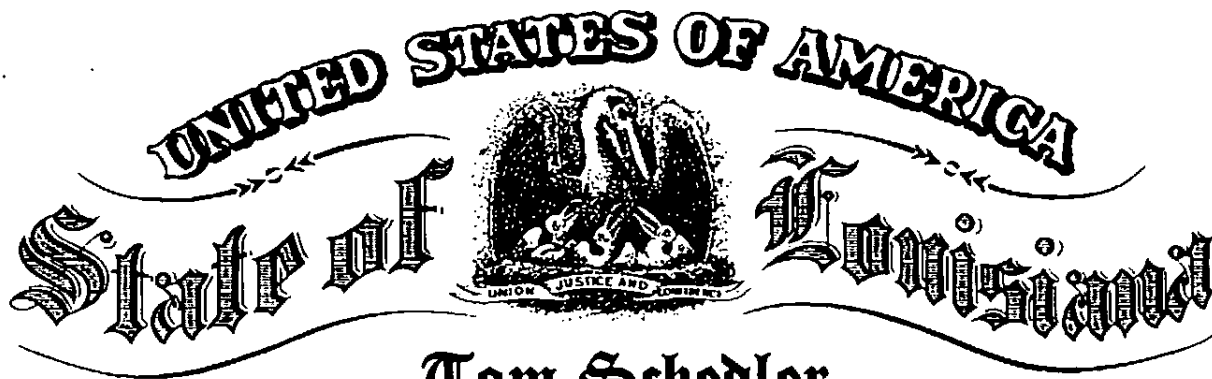
(Use attachments if necessary)

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)

10. 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.


Signature of an authorized person

ROBERT F MORRIS, III
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

4LP, LLC

A limited liability company domiciled in LACOMBE, LOUISIANA,

Filed charter and qualified to do business in this State on January 21, 2015,

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,

August 28, 2017

Secretary of State

Web 41760107K



Certificate ID: 10864025#4PK73

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