

M1700008969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

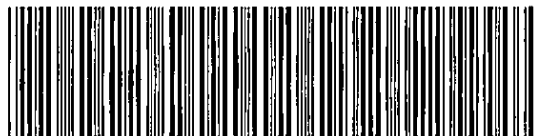
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300304663013

10/19/17--01023--001 **160.00

FILED
17 OCT 19 PM 2:54
DIVISION OF REVENUE

O SIMMONS
2017



STAN GAUTHIER, II
A L A W C O R P O R A T I O N

1405 WEST PINHOOK ROAD, SUITE 105, LAFAYETTE, LOUISIANA 70503 • 337.234.0099 • 337.234.7437FAX

Stan Gauthier, II

October 12, 2017

Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Yogurt Ops. LLC

Dear Registration Section:

In connection with the above please find enclosed the original and one (1) copy of the following, to-wit:

- A) Cover letter;
- B) Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
- C) Certificate of Existence from Louisiana Secretary of State for Yogurt Ops, LLC; and.
- D) Self addressed stamped envelope.

File the enclosed in the records of your office. After the enclosed has been filed in the records of your office certify the copies and return with your Certificate of Recordation.

I enclose my office's check in the amount of \$160.00 to cover advance costs.

If you have any questions concerning this letter or need any additional information to comply with my request contact me at your convenience.

Thanking you in advance for your usual courtesy and cooperation and with kindest regards, I remain,

Cordially,


Stan Gauthier, II

SGII/all

Enclosures

CC: Yogurt Ops, LLC
Mr. Seenu G. Kasturi, General Manager w/o enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: YOGURT OPS, 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:

STAN GAUTHIER, II

Name of Person

STAN GAUTHIER, II A LAW CORPORATION

Firm/Company

1405 WEST PINHOOK ROAD - SUITE 105

Address

LAFAYETTE, LOUISIANA 70503

City/State and Zip Code

AMYL@SGAUTHIERLAW.COM

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

For further information concerning this matter, please call:

STAN GAUTHIER, II

337

234-0099

Name of Contact Person

at (_____) _____
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

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. YOGURT OPS, 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. 82-2525905

(TIN number, if applicable)

4. NONE

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

5. 6327 ARGYLE FOREST BOULEVARD

(Street Address of Principal Office)

SUITE 4

JACKSONVILLE, FL 32244

6. 6327 ARGYLE FOREST BOULEVARD

(Mailing Address)

SUITE 4

JACKSONVILLE, FL 32244

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

Name: YANNICK JEAN-MARC BASTIEN

Office Address: 6327 ARGYLE FOREST BOULEVARD SUITE 4

JACKSONVILLE

, Florida 32244

(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)

YANNICK JEAN-MARC BASTIEN

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

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

General Manager

Seenu G. Kasturi

3909-J Ambassador Caffery Parkway
Lafayette, LA 70503

(Use attachments if necessary)

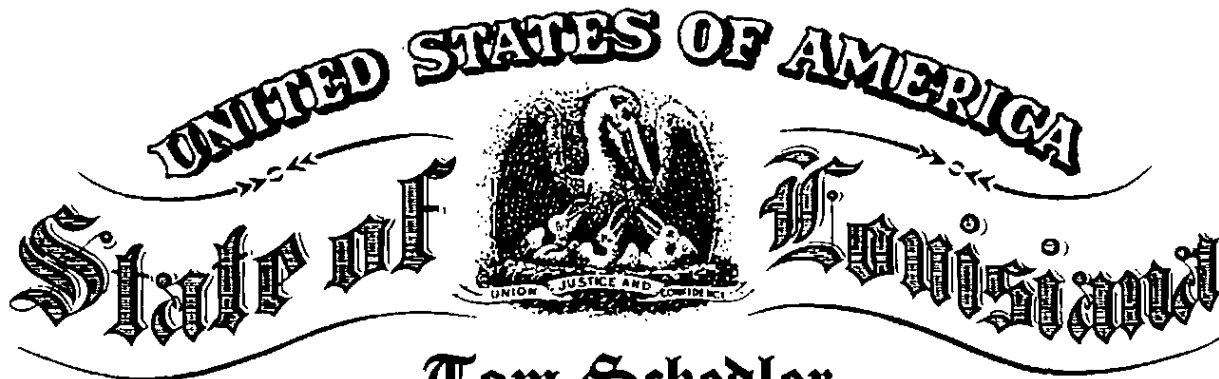
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must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

SEENU G. KASTURI

(Typed or printed name of signer)



Tom Schedler
SECRETARY OF STATE

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

the Articles of Organization of

YOGURT OPS, LLC

Domiciled at LAFAYETTE, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on August 15, 2017,

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 affixed at the City of Baton Rouge on,

October 12, 2017

Secretary of State

Web 42771517K



Certificate ID: 10878369#6DS93

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