## 1289000411

(Re	questor's Name)	
(Ad	ldress)	· · · · · · · · · · · · · · · · · · ·
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bı	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

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TO:

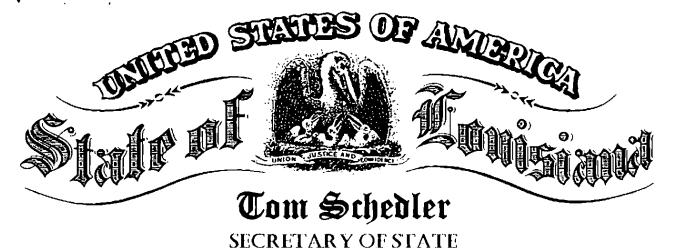
Registration Section Division of Corporations

		Name of	Limited Liability Company	
				ansact Business in Florida," Certificate o y company to transact business in Florida
Please return a	ll correspondence	concerning this matter to the	following:	
	Daniel Patrick	McKearan		
		N	ame of Person	
	Ducky Johnson	Home Elevation LLC		
		F	irm/Company	<del> </del>
	8108 Ferrara E	)rive		
			Address	
	Harahan, LA 7	0123		
		City/S	tate and Zip Code	
	danny@duckyjo			
		E-mail address: (to be used	d for future annual report no	tification)
For further info	ormation concernit	g this matter, please call:		
Danie	el McKearan		504 628-75	62
	Name	of Contact Person		ctime Telephone Number
Divisi Regisi P.O. I	LING ADDRESS ion of Corporation tration Section 3ox 6327 nassee, FL 32314		Division Registrat Clifton E 2661 Ex	r ADDRESS: of Corporations ion Section Building ecutive Center Circle see, FL 32301
	heck for the follow 25.00 Filing Fee	ring amount: ☐ \$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 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, enter altern	ate name adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited Lia	ulity Company," "L.L.C." or "LLC.")
Louisiana		3 46-2269584	
	of which foreign limited liability company is organized)	J	er, if applicable)
1. N/A			
••	(Date first transacted business in Florida, if prior to 1See sections 605 0904 & 605 0905, F.S. to determi	registration.) ine penalty liability)	
7069 JEFFERSON		6. C/O DANIEL MCKEARA	N
(Street Address of Principal Office)		(Mailing Add	
HARAHAN, LA		P.O. BOX 23741 NEW ORLEANS, LA 7013	0 ?
70123	<del></del>	NEW OKLEANS, LA 701	23
7 Name and street ad	dress of Florida registered agent: (P.O. Box	NOT acceptable)	
	Charles Johnson	<u>ivo r</u> acceptable)	
Name:			
Office Addre	ss: 5089 Old Hickory Circle		
	Marianna	Florida 32246	
		, i londa	
lesignated in this app	(City) ceptance: s registered agent and to accept service of plication, I hereby accept the appointment a	Opposed process for the above stated limited as registered agent and agree to act	liability company at the place in this capacity. Ufurther agre
Having been named a lesignated in this app to comply with the pro	(City) ceptance: s registered agent and to accept service of p	Opposed process for the above stated limited as registered agent and agree to act	liability company at the place in this capacity. Ufurther agre
Having been named a lesignated in this app to comply with the pro	(City) ceptance: s registered agent and to accept service of plication, I hereby accept the appointment a visions of all statutes relayive to the proper	process for the above stated limited is registered agent and agree to act and complete performance of my	liability company at the place in this capacity. Ufurther agre duties, and I am familiar with
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Having been named a lesignated in this app to comply with the pround accept the obligate.  8. The name, title or Title or Capacity Manager, Member 1.	ceptance: s registered agent and to accept service of plication, I hereby accept the appointment a visions of all statutes relative to the propertions of my position as registered agent (Registered agent) and address of the person(s) who have a Name and Address:  Daniel McKearan  8108 Ferrara Drive Harahan, LA 70123  cessary)  rate of existence, no more than 90 days old, aw of which it is organized. (If the certificat	orocess for the above stated limited is registered agent and agree to act and complete performance of my signature.  signature:  Title or Capacity:  Member  duly authenticated by the official has	liability company at the place in this capacity. If further agreed duties, and I am familiar with Some and Address:  Charles Johnson  5089 Old Hickory Circle Marianna, FL 32446



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

## **DUCKY JOHNSON HOME ELEVATION LLC**

A limited liability company domiciled in HARAHAN, LOUISIANA,

Filed charter and qualified to do business in this State on March 05, 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,

November 8, 2017

Certificate ID: 10886923#QWM73

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 41105051K