W18000001038

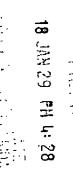
(Red	questor's Name)	
(Ada	dress)	
(Add	dress)	
(City	//State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nam	ne)
(Dod	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	09

Office Use Only



000308181240

01/24/18--01013--024 **130.00



S. WARREN JAN 3 0 2010



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 25, 2018

CARLA G. MORROW 8440 JEFFERSON HIGHWAY, SUITE 301 BATON ROUGE, LA 70809-7654

SUBJECT: FACILITIES MAINTENANCE MANAGEMENT, L.L.C.

Ref. Number: W18000008002

We have received your document for FACILITIES MAINTENANCE MANAGEMENT, L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Stacey M Warren Regulatory Specialist II

Letter Number: 218A00001719

TO: Registration Section **Division of Corporations**

Facilities Maintenance Management L.L.C.

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:

Carla G. Morrow

Name of Person

Roedel, Parsons, Koch, Blache, Balhoff & McCollister, A L.C.

Firm/Company

8440 Jefferson Highway, Suite 301

Baton Rouge, LA 70809-7654

City/State and Zip Code

cmorrow@roedelparsons.cdm

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

For further information concerning this matter, please call:

Carla G. Morrow

Name of Contact Person

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

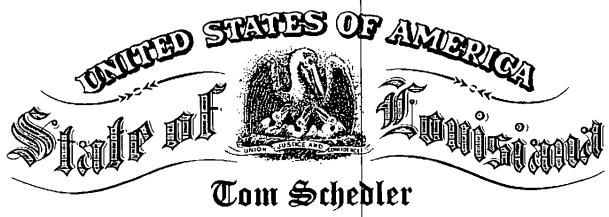
☐ \$155.00 Filling Fee & Certified Copy

□ \$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 POLIDIVINO) IS SUBMITTED TO REGISTER A FOREKIN LIMITED LABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	Limited Liabil	ity Company; must	include "Limited	Linbility Co.	mpany, L.L.C.	," or "LLC.")			. ,
							. 4		
name uravailable, enter olterrate r	isus enditen tot	nie borbore of transect	uit pranters at krein			le _fruitied fransi	ny Compan	y, "L. L.C."	or -IDC:-)
Louisiana	 			3. 2 7	7-3853996				
(Juristichen unter die Inw of w	hich foreign linit	ed liability company is	organizaci) .			(F)II namber	, ոք աթթետակ))	
01/18/2018	`					· <u>- ·</u>	,		
,	(Data first (See service	transacted business in b au 605,0904 & 605.090	lesida, il princio re 15, F.S. to determin	e beingh jimpli	ry)				•
11634 Darryl Drive				6. 10	634 Darryl I	Drive			·
(Street Address of		· · ·	•	``'		(Mailes Addres)		= .	
Batoń Rouge, LA.70	0815-2137			Ba	ton Rouge,	LA 70815 ₋ :	2137		<u> </u>
	:			İ					7:
									، جنب ا ف
Name and street address	n of Etopido	mandataire d'againt	· (DA) Den	NOT and	nembrios.	•			_
Manie and Micel Mitoles	25 of Libitor	registered affent	(1°.O. 150X	NOT acce	puble).		4	5	
Name:	NRAI Se	rvices, Inc.					• •	;	<u>-</u>
	4000.0	AL D			 ,	•			
Office Address:	1200-601	uth Pine Island	Kogo		,	•	•	.	ထိ
	Plantatio	on ·	•	· ·		33324-441	3	- ·	
	1 (2)		(City)	- 	, rionua_	(Zip code)			
egistered agent's accep	tance:			• •	•		•	•	
comply with the provisi	ions of all st	átutes relative to	o the proper o			nce of my di			
comply with the provisi	ions of all st	divites relative to	o the proper of Sagent.	and comple		nce of my di			
comply with the provisi	ions of all st	divites relative to	o the proper o	and comple	ele përforma	nce of my di			
comply with the provisi ad accept the abligations	long of all st	atutes relative to	o the proper of agent. United skeles se	and comple	ority to mann	nce of my di			
comply with the provisi ad accept the abligations	lons of all st	atutes relative to	o the proper of agent. Light agent. Light agent so the proper of the p	and comple	ete persorma	nce of my di	ities, an		imillar veli
comply with the provision accept the abligations The name, title or cape	lons of all st s of viv positions acity and add	intutes relative to	o the proper of agent. Light of the proper of agent. Children of the proper of the p	and comple	ority to mann	nce of my di	ities, an	d I am fa	imillar veli
comply with the provision accept the abligations The name, title or cape Title or Canacity:	tons of all-st s of vty post acity and add	intures relative to thor an register of the person of the person vame and Address	o the proper of agent. Light of the proper of agent. Children of the proper of the p	and comple	ority to mann	nce of my di	ities, an	d I am fa	imillar veli
comply with the provision accept the abligations The name, title or cape Title or Canacity:	tons of all-st s of the post	ditutes relative to thor an register of the person of the person name and Addra toven R. Davis	o the proper of agent. Light of the proper of agent. Children of the proper of the p	and comple	ority to mann	nce of my di	ities, an	d I am fa	imillar veli
comply with the provision accept the abligations The name, title or cape Title or Capacity:	tons of all-st s of the post	iress of the personame and Address of the personame and the p	o the proper of agent. Light of the proper of agent. Children of the proper of the p	and comple	ority to mann	nce of my di	ities, an	d I am fa	imillar veli
comply with the provision accept the abligations The name, title or cape Title or Canacity:	tons of all-st s of the post	iress of the personame and Address of the personame and the p	o the proper of agent. Light of the proper of agent. Children of the proper of the p	and comple	ority to mann	nce of my di	ities, an	d I am fa	imillar veli
comply with the provision accept the abligations The name, title or cape Title or Canacity:	tons of all-st s of the post	iress of the personame and Address of the personame and the p	o the proper of agent. Light of the proper of agent. Children of the proper of the p	and comple	ority to mann	nce of my di	ities, an	d I am fa	imillar veli
comply with the provision accept the abligations The name, title or cape Title or Canacity:	tons of all-st s of the post	iress of the personame and Address of the personame and the p	o the proper of agent. Light of the proper of agent. Children of the proper of the p	and comple	ority to mann	nce of my di	ities, an	d I am fa	imillar veli
comply with the provision accept the abligations. The name, title or cape Title or Capacity: Manager	tons of all st	iress of the personame and Address of the personame and the p	o the proper of agent. Light of the proper of agent. Children of the proper of the p	and comple	ority to mann	nce of my di	ities, an	d I am fa	imillar veli
comply with the provision of accept the abligations. The name, title or cape Title or Capacity; Manager Use attachments if necess	tons of all st	ditutes relative to thor ay registers of the person name and Addre teven R. Davis as any toly ton Raye, to 70315-2137	o the proper of agent. A agent. Spitting thete's second on (s) who has ess: 5. Jr.	Janue) Janue) Janue auth Title o	ority to mann	nce of my di	Nome	d I am fa	imiliar wi
comply with the provision accept the abligations The name, title or cape Title or Canacity: Manager Use attachments if necess Attached is a certificate	tons of all st s of the post acity and add S S sary) of existence	ditutes relative to the person of the person R. Davis and Address of the person town and Address on the person R. Davis and Carry Davis and Ca	o the proper of agent. If agent. Spitting thete's second of the proper	whave authorities of the control of	ority to mann or Cupacity:	næ of my di Que is/ara:	Nome	d I am fa	ress:
Comply with the provision of accept the abligations. The name, title or cape Title or Canacity: Manager Use attachments if necess Attached is a certificate risdiction under the law	sary) of existence of which it i	ditutes relative to the person of the person R. Davis and Address of the person town and Address on the person R. Davis and Carry Davis and Ca	o the proper of agent. If agent. Spitting thete's second of the proper	whave authorities of the control of	ority to mann or Cupacity:	næ of my di Que is/ara:	Nome	d I am fa	ress:
comply with the provision accept the abligations of the accept the abligations. The name, title or cape Title or Canacity: Manager Use attachments if necess Attached is a certificate risdiction under the law	sary) of existence of which it i	ditutes relative to the person of the person R. Davis and Address of the person town and Address on the person R. Davis and Carry Davis and Ca	o the proper of agent. If agent. Spitting thete's second of the proper	whave authorities of the control of	ority to mann or Cupacity:	næ of my di Que is/ara:	Nome	d I am fa	ress:
comply with the provision accept the abligations. The name, title or cape Title or Canacity: Manager Use attachments if necess Attached is a certificate risdiction under the law	sary) of existence of which it i	ditutes relative to the person of the person R. Davis and Address of the person town and Address on the person R. Davis and Carry Davis and Ca	o the proper of agent. If agent. Spitting thete's second of the proper	whave authorities of the control of	ority to mann or Cupacity:	næ of my di Que is/ara:	Nome	d I am fa	ress:
comply with the provision accept the abligations The name, title or cape Title or Canacity: Manager Use attachments if necess Attached is a certificate	sary) of existence of which it i	ditutes relative to the person of the person R. Davis and Address of the person town and Address on the person R. Davis and Carry Davis and Ca	othe proper of agent. Lagrant. Con(s) who has ess: Jr. Odays old, dile certificate	whave authorities of the control of	ority to mann or Capacity:	næ of my di Que is/ara:	Nome	d I am fa	ress:
comply with the provision accept the obligations of accept the obligations. The name, title or cape Title or Capacity: Manager Use attachments if necess Attached is a certificate ristiction under the law the translator must be sa	sary) of existence of which it is abinitted)	dives relative to the person of the person the person town R. Davis and Address carry town Rouge, LA 70315-2137	othe proper of agent. I agent. On(s) who has ess: Signature of sign	whave authorities in a force	ority to mana or Capacity:	official havi	Nome	and Add	ress:
comply with the provision accept the obligations. The name, title or cape Title or Capacity: Manager Use attachments if necess Attached is a certificate risdiction under the law the translator must be success.	sary) of existence of which it is abmitted)	divises relative to the person of the person the person town R. Davis and Address carry town R. Davis and Carry town R. Davis and Carry town Reage. LA 70315-2137	o the proper of agent. I agent. On(s) who has ess: So, Jr. Odays old, dile certificate Ou 605,0203	where authorized is in a force	ority to mana or Capacity:	official havi	Nome ng custon of the	and Add	ress:
comply with the provision accept the abligations. The name, title or cape Title or Canacity: Manager Use attachments if necess Attached is a certificate risdiction under the law	sary) of existence of which it is abinitted)	divises relative to the person of the person the person town R. Davis and Address carry town R. Davis and Carry town R. Davis and Carry town Reage. LA 70315-2137	o the proper of agent. I agent. On(s) who has ess: So, Jr. Odays old, dile certificate Ou 605,0203	where authorized is in a force	ority to mana or Capacity:	official havi	Nome ng custon of the	and Add	ress:



SECRETARY OF STATE

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

FACILITIES MAINTENANCE MANAGEMENT, L.L.C.

A limited liability company domiciled in BATON ROUGE, LOUISIANA,

Filed charter and qualified to do business in this State on October 11, 2010,

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,

January 18, 2018

Certificate ID: | 10908059#8ES93

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 40323679K