M18000002377

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J. HARRIS

COVER LETTER

	Registration Section Division of Corporations						
SUBJEC	Devin Enterprises, LI	_C					
50001.0	···	Name of L	Limited Liability C	Company			
		ign Limited Liability Comp to register the above refere					
Please re	turn all correspondence co	ncerning this matter to the	following:				
	Harry J. Naquin,	Jr					
		Na	ime of Person				
	Devin Enterprise	es. LLC					
		Firm/Company					
	371 Myrtle Grov	e Drive					
			Address		_		
	Houma, LA 703	60					
		City/St	ate and Zip Code				
	vnaquin@charter.i						
		E-mail address: (to be used	for future annual	report not	ilication)		
For furth	er information concerning	this matter, please call:					
	Vanessa Naquin		985 at (790-137	75		
	Name of	Contact Person	Area Code	Day	time Telephone Number		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Registrati Clifton Br 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301		
	is a check for the followin □ \$125.00 Filing Fee	ng amount: S130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	ig Fee &	■ \$160.00 Filing Fee, C of Status & Certified Co		



March 6, 2018

HARRY J NAQUIN, JR 371 MYRTLE GROVE DRIVE HOUMA, LA 70360

SUBJECT: DEVIN ENTERPRISES FLORIDA, LLC

Ref. Number: W18000021650

We have received your document for DEVIN ENTERPRISES FLORIDA, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Letter Number: 018A00004529

Jenna D Harris Regulatory Specialist II



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:

	iame adopted for the purpose of transacting business in	r Florida, The alte	mate name must includ	e "Limited Liability	Company," "L	L.C," or	"LLC,")
Louisiana			20-4412931	•			
	hich foreign limited liability company is organized)	. 3		(FEI number,)	f applicable)		
none as of this date							
, mone as or this date	(Date first transacted business in Florida, if pro- (See sections 605 0904 & 605,0905, F.S. to det		skilin i				
371 Myrtle Grove Driv			P.O. Box 13067	,			
(Street Address of I		b. <u>-</u>		(Mailing Address)	> (0) /	28	
Houma, LA 70360		1	Pensacola, FL 3	2591	<u> </u>		_7;
		_			王	750	-
					8	00	
. Name and <u>street addres</u>	ss of Florida registered agent: (P.O. F	Box <u>NOT</u> ac	ceptable)		693	2	grants)
Name:	Harry J. Naquin, Jr.				7	AH IQ:	The same
rame.						çia	* 6-4
Office Address:	3750 Martin Street				3	20	
	Pace		, Florida <u>-</u>	32571			
	gistered agent and to accept service tion, I hereby accept the appointmen	it as register	red agent and ag	ree to act in	this capaci	iy. I fi	erther agr
o comply with the provisi	ions of all statutes relative to the project of my position as registered agent. (Repsecretage	Da	, , , , , , , , , , , , , , , , , , ,				
o comply with the provisi nd accept the obligation	s of my position as registered agent. (Registered age	ant s Signature	<i>f</i>	1			
o comply with the provisi nd accept the obligation	s of my position as registered agent.	o has/have at	<i>f</i>	ge is/are:	Name and	Addre	· <u>ss:</u>
o comply with the provision accept the obligation. 8. The name, title or capa	(Reustered agent. (Reustered ag	o has/have at	uthority to mana	ge is/are:	Name and	Addre	·88:
o comply with the provision accept the obligation 8. The name, title or capa Title or Capacity:	(Repsered agent, acity and address of the person(s) who	o has/have at	uthority to mana	ge is/are:	Name and	Addre	: <u>ss:</u>
o comply with the provision accept the obligation 8. The name, title or capa Title or Capacity:	(Repsered agent. (Repsered ag	o has/have at	uthority to mana	ge is/are:	Name and	Addre	<u>'88:</u>
o comply with the provision accept the obligation. 8. The name, title or capa Title or Capacity: Member	acity and address of the person(s) who Name and Address: Harry J. Naquin, Jr. 371 Myrtle Grove Drive	o has/have at	uthority to mana	ge is/are:	Name and	Addre	<u>'88:</u>

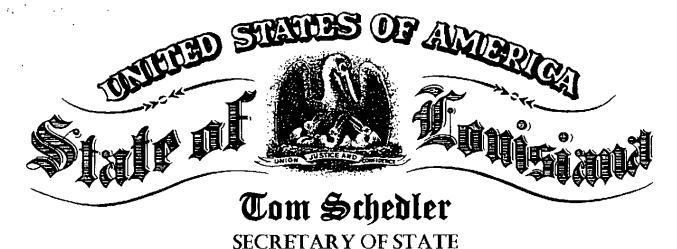
10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information

Signature of an authorized per

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Harry J. Naquin, Jr.

Typed or printed name of signee



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

the Articles of Organization of

DEVIN ENTERPRISES, LLC

Domiciled at HOUMA, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on April 10, 2006,

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,

March 2, 2018

TARY OF STREET

Certificate ID: 10923552#9EG62

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

Web 36160420K