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COVER LETTER

TO:

то:	Registration Section Division of Corporation) \$				
SUBJE	Lassaux	Ames, L.C. an	Iowa Limite	ed Lia	bility Company	
00202		Name of	Limited Liability C	Company		
					ansact Business in Florida," Certifica y company to transact business in Flo	
Please n	eturn all correspondence o	concerning this matter to the	following:			
	James C.	Lassaux				
		N	lame of Person			
	Lassaux ,	Ames, L.C.				
			irm/Company			
	4203 Bay	Beach Lane, #	6Н			
			Address		 	
	Fort Mye	rs Beach, FL 33	931			
		City/S	State and Zip Code	, ,		
	jim@lass	aux.com				
		E-mail address: (to be use	ed for future annual	report not	ification)	
For furt	her information concerning	g this matter, please call:				
	James C. Las	saux	at (239	410	-9847	
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327			Division Registrat Clifton B	_	
	Tallahassee, FL 32314				ecutive Center Circle see, FL 32301	
Enclose	d is a check for the follow \$125.00 Filing Fee	ing amount: 2 \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ig Fee &	☐ \$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 COMPANYTOTRANSACT RUSINESS IN THE STATE OF FLORIDA:

(Date first transposed business in Florida. (Eprior to registration.) (See sections 603.0904 & 603.0905, F.S. to determine peakly liability) 4203 Bay Beach Ln #6H 6. Same (Suren Address of Prior pat Office) Fort Myers Beach, F1 33931 ame and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: James C. Lassaux Office Address: Fort Myers Beach Ln., #6H Fort Myers Beach (City) Fort Myers Beach Fort Myers Beach Fort Myers Beach (City) Fort Myers Beach (City) (Ci		Cimileo Lizzininy Company, musi include Cimi	ited Limbility Con	pany," "L.L.C.," or "LLC.")	
(Date first immusected business in Florids. If prior to registrations.) (See sections 603.0904 & 603.0904, F.S. to determine penalty liability) 4203 Bay Beach Ln #6H 6. Same (Street Address of Prioripal Office) (Mailing Address) Fort Myers Beach, F1 33931 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: James C. Lassaux Office Address: Fort Myers Beach Fort Myers Beach Fort Myers Beach (City)	me unavoilable, enter alternate n	ame adopted for the purpose of transacting business in l			tility Company," "L.L.C." or "LLC.")
(Cry) Comparison Compariso	State of Io	wa	3	2-1503494	
(Street Address of Prioripal Office) Fort Myers Beach, F1 33931 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: James C. Lassaux Office Address: Fort Myers Beach (City) Stered agent's acceptance: Ing been named as registered agent and to accept service of process for the above stated limited liability company at the place general in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agonaphy with the provisions of all statutes relative to the proper and complete performance of my duties, and I one familiar with accept the obligations of my position as registered agent. The name, title or capacity: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Tom Lassaux 6575 Oakwood Di W. Des Moines, 1	(Jurisdiction under the law of wh	hich foreign limited liability company is organized)		(FEI mash	er, if applicable)
(Street Address of Prioripal Office) Fort Myers Beach, F1 33931 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: James C. Lassaux Office Address: Fort Myers Beach (City) Steered agent's acceptance: Ing been named as registered agent and to accept service of process for the above stated limited liability company at the place granted in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agonaphy with the provisions of all statutes relative to the proper and complete performance of my duties, and I one familiar with accept the obligations of my position as registered agent. The name, title or capacity: Name and Address: Title or Capacity: Name and Address: James C. Lassaux Manager Tom Lassaux 6575 Oakwood Dr W. Des Moines, 1	<u> </u>	(Date first transacted business in Florida, if prior	to registration.)		
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Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: James C. Lassaux Office Address: 4203 Bay Beach Ln., #6H Fort Myers Beach (City) (Cit			V	(Meiling Addr	cas)
Name: James C. Lassaux Office Address: Fort Myers Beach	Fort Myers	Beach, Fl 33931			
Office Address: 4203 Bay Beach Ln., #6H	lame and street addres	ss of Florida registered agent: (P.O. Bo	ox <u>NOT</u> accep	stable)	
Office Address: Fort Myers Beach	Name:	James C. Lassaux			==
Fort Myers Beach (City) (Ithe above stated limited liability company at the place occity in the plac	Office Address:	4203 Bay Beach Ln.,	#6H		
restered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated limited liability company at the place ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agrouply with the provisions of all statutes relative to the proper and complete performance of my duties, and I and amiliar with accept the obligations of my position as registered agent. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Name and Address: James C. Lassaux Manager Tom Lassaux 4203 Bay Beach In #6H Fort Myers Bch., FL W. Des Molnes, 1		Fort Myers Beach		— Florida 33931	55 7-1 4-
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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:					
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	The name, title or capa	(Registered agent acity and address of the person(s) who Name and Address:	has/have autho	ority to manage is/are:	Name and Address:
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se attachments if necessary)	The name, title or capa	(Registered agent.) (Regis	has/have author Mana Title or Mana Tin #6H	ority to manage is/are:	Name and Address: Tom Lassaux 6575 Oakwood Dr
Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the isdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under out the translator must be submitted) This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information emitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	The name, title or capa Title or Capacity; Manager	(Registered agent.) (Register	has/have author Mana Title or Mana Tin #6H	ority to manage is/are:	Name and Address: Tom Lassaux 6575 Oakwood Dr
$\mathcal{L}_{\mathcal{L}}}}}}}}}}$	The name, title or capa Title or Capacity: Manager Matached is a certificate is diction under the law the translator must be such that the translator must be such	(Registered agent.) (Register	has/have author Title of X Mana En #6H	ority to manage is/are: r Capacity: ger icated by the official having language, a translational rida Statutes. I am aware	Name and Address: Tom Lassaux 6575 Oakwood Dr W. Des Moines, IA ving custody of records in the on of the certificate under oath
Signature of an authorized person	The name, title or capa Title or Capacity: Manager Matached is a certificate is diction under the law the translator must be such that the translator must be such	(Registered agent.) (Register	has/have authorities of the first degree for the fi	ority to manage is/are: r Capacity: ger icated by the official having language, a translation as provided for in second	Name and Address: Tom Lassaux 6575 Oakwood Dr W. Des Moines, IA ving custody of records in the on of the certificate under oath

Typed or printed name of signee

IOWA SECRETARY OF STATE PAUL D. PATE



CERTIFICATE OF EXISTENCE

Date: 3/2/2018

Name: LASSAUX AMES, L.C. (489DLC - 235103)

Date of Incorporation: 12/15/1999

Duration: PERPETUAL

1. Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees, taxes and penalties required under the Revised Uniform Limited Liability-Company Act and other laws due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State
- d. The Secretary of State has not administratively dissolved the limited liability company.
- e. The Secretary of State has not filed either a statement of dissolution or statement of termination.

Certificate ID: CS146084

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

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Paul D. Pate, Iowa Secretary of State