

M18 00000422f

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

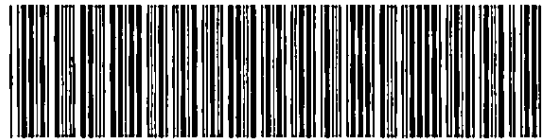
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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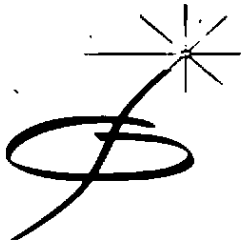


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TALLAHASSEE, FLORIDA

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**BRIAN E. ADORNO**  
*ATTORNEY-AT-LAW, LLC*

**Mailing Address:**  
P.O. Box 9577  
Metairie, LA 70055

**Metairie Office:**  
1421 N. Causeway Blvd.  
Suite 201  
Metairie, LA 70001

**Northshore Office:**  
422 E. Lockwood St.  
Suite 210  
Covington, LA 70433

Phone: 504-227-2280  
Fax: 504-227-2290

*BUSINESS*

*TAXES*

*FINANCE*

*ESTATES*

Member:

- Louisiana Bar Association
- American Institute of  
Certified Public  
Accountants
- Louisiana Society of  
Certified Public  
Accountants

April 27, 2018

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

RE: Pacific Gulf, L.L.C.

To Whom it May Concern:

Enclosed are the following relative to the application to transact business in Florida for the above referenced company:

- Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida
- Certificate of Existence from the Louisiana Secretary of State
- A check in the amount of \$130 to cover filing fees and a Certificate of Status

Please mail the certificate to me in the enclosed pre-addressed envelope.

Should you have any questions or need additional information please call the office at (504) 227-2280.

Thank you.

Sincerely,

Tami Edmonds  
Legal Assistant

Enclosures

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** PACIFIC GULF, 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:

KEITH PLAISANCE

\_\_\_\_\_  
Name of Person

PACIFIC GULF, L.L.C.

\_\_\_\_\_  
Firm/Company

1504 ENGINEERS ROAD

\_\_\_\_\_  
Address

BELLE CHASSE, LA 70037

\_\_\_\_\_  
City/State and Zip Code

KPLAISANCE@PACIFICGULFWIRE.ROPE.COM

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

For further information concerning this matter, please call:

KEITH PLAISANCE

504

341-0066

\_\_\_\_\_  
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. PACIFIC GULF, L.L.C.  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

PACIFIC GULF REAL ESTATE, L.L.C.

(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 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEL number, if applicable)

4. FEBRUARY 24, 2018  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1504 ENGINEERS ROAD 6. C/O KEITH PLAISANCE  
(Street Address of Principal Office) (Mailing Address)  
BELLE CHASSE, LA 70037 1504 ENGINEERS ROAD  
BELLE CHASSE, LA 70037

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

Name: KERRY ANNE SCHULTZ, ESQ.  
Office Address: 2045 FOUNTAIN PROFESSIONAL CT., STE. A  
NAVARRE, Florida 32566  
(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)

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>
<u>MEMBER/MGR</u>	<u>KEITH PLAISANCE</u>	
	<u>1504 ENGINEERS RD.</u>	
	<u>BELLE CHASSE, LA 70037</u>	

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Use attachments if necessary)

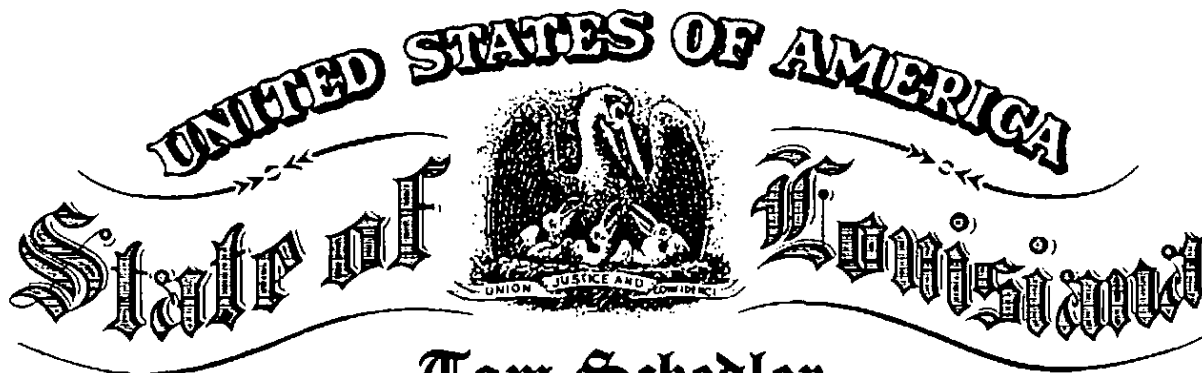
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must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

KEITH PLAISANCE

(Typed or printed name of signee)



**Tom Schedler**

SECRETARY OF STATE

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

the Articles of Organization of

**PACIFIC GULF, L.L.C.**

Domiciled at BELLE CHASSE, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on May 04, 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,

April 27, 2018

*Secretary of State*

Web 36177601K



Certificate ID: 10945934#MVM73

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](http://www.sos.la.gov)**