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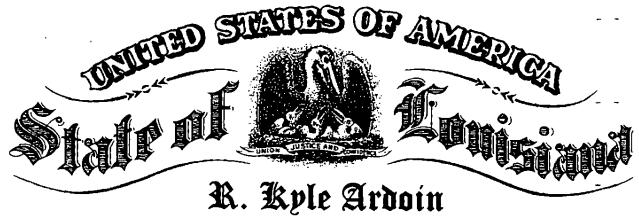
COVER LETTER

TO: Registration Section

SUBJECT:	Milton Lachney Home Improvements LLC Name of Limited Liability Company					
		eign Limited Liability Com d to register the above refer				
Please returi	i all correspondence c	oncerning this matter to the	following:			
	Milton Lachney	,				
	Name of Person					
	Milton Lachney Home Improvements LLC					
	Firn/Company					
	820 First street					
	Address					
	Norco La. 70079					
	City/State and Zip Code					
miltonlachneyroofing@aol.com						
		E-mail address: (to be use	ed for future annua	l report not	ification)	
For further i	nformation concerning	g this matter, please call:				
An	nie Rios Or Milton la	nchney	504 at (559-41(9	
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
Div Reg P.C	AILING ADDRESS: rision of Corporations gistration Section D. Box 6327 lahassee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301	
	a check for the follow \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filii Certified Copy	ng Fee &	10 8160.00 Filing Fee, Co of Status & Certified Cop	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACTION 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 MILTON LACHNEY HOME IMPROVEMENTS L.L.C. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") MILTON LACHNEY ROOFING AND HOME IMPROVEMENTS L.L.C. (It 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." 2 LOUISIANA 20-4658465 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) HAVE NOT CONDUCTED BUSINESS (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 820 First Street P.O. BOX 111 (Street Address of Principal Office) (Mailing Address) Norco La. 70079 NORCO LA. 70079 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) REGISTERED AGENT INC.. Name: 3030 N. ROCKY POINT DRIVE STE, 150A Office Address: TAMPA, . Florida 33607 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. 8. 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: OWNER MILTON LACHNEY P.O. BOX 111 NORCO, LA, 7007 (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 c 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.



SECRETARY OF STATE

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

MILTON LACHNEY HOME IMPROVEMENTS, L.L.C.

A limited liability company domiciled in NORCO, LOUISIANA,

Filed charter and qualified to do business in this State on August 11, 2006,

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 7, 2018

Secretary of State

Web 36247082F



Certificate ID: 11011818#DFG62

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

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