

M1900000/456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

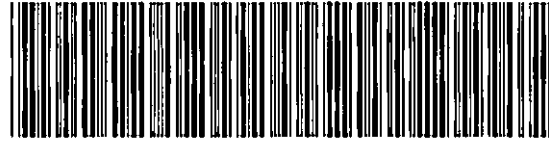
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS

FEB 11 2019

Attn: Ms. Simmons

2/11/2019

To: Ms. Simmons

From: Jana Albrecht cell # 504-292-1934 fax# 504-368-2668

for: ALBRECHT PROPERTIES, 4909 LAUREL STREET, L.L.C

DOC# w19000011949

Re: Good Standing LLC

Dear Ms. Simmons,

Here is a copy of my Good Standing LLC

Please Give me a Call 504-292-1934 or email
baybayalbrecht@msn.com if you need any more information.

Thank you for all your help.

Sincerely, jana

2019 FEB 11 PM 12:30

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Albrecht Properties, 4909 Laurel Street LL.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:

Janalyn Albrecht
Name of Person

Albrecht Properties 4909 Laurel St LLC
Firm/Company

1081 Laguna Ln
Address

Gulf Breeze FL 32563
City/State and Zip Code

Baybayalbrecht@msn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janalyn Albrecht at (504) 2921934
Name of Contact Person 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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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. Albrecht Properties, 4909 Laurel Street, L.L.C.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(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. Harvey, Louisiana
(Jurisdiction under the law of which foreign limited liability company is organized)

3. EIN # 46-3315744
(FEI number, if applicable)

4. March 1st 2019 (will be the start date)
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1081 Laguna Ln
(Street Address of Principal Office)

6. P O Box 291
(Mailing Address)

Gulf Breeze, FL
32563

Belle Chasse LA
70037

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

Name:

Janalyn Albrecht

Office Address:

1081 Laguna Ln

Gulf Breeze FL, Florida 32563
(City) (Zip code)

FILED
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CLERK OF STATE
TALLAHASSEE, FLORIDA

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.

[Signature]
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:

Name and Address:

☐ Manager

Name:

Brad Albrecht

☒ Member

Address:

1081 Laguna Ln
Gulf Breeze FL
32563

☐ Authorized

Person

☐ Other

☐ Other

Title or Capacity:

Name and Address:

☐ Manager

Name:

Janalyn Albrecht

☒ Member

Address:

1081 Laguna Ln
Gulf Breeze FL
32563

☐ Authorized

Person

☐ Other

☐ Other

☐ Manager

Name:

☐ Member

Address:

☐ Authorized

Person

☐ Other

☐ Other

☐ Manager

Name:

☐ Member

Address:

☐ Authorized

Person

☐ Other

☐ Other

☐ Manager

Name:

☐ Member

Address:

☐ Authorized

Person

☐ Other

☐ Other

☐ Manager

Name:

☐ Member

Address:

☐ Authorized

Person

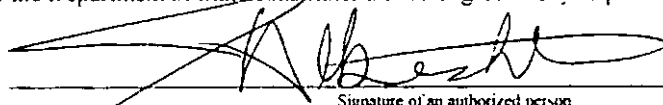
☐ Other

☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

Janalyn Albrecht
Typed or printed name of signer



R. Kyle Ardoin
SECRETARY OF STATE

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

ALBRECHT PROPERTIES, 4909 LAUREL STREET, L.L.C.

A limited liability company domiciled in HARVEY, LOUISIANA,

Filed charter and qualified to do business in this State on July 26, 2013,

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,

February 11, 2019



Certificate ID: 11042156#YBF52

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 41242344K